

10000006968

Requester's Name  
9160 Fairbanks Lane #5  
Address  
Boce Laton, Fl. 33496  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

FILED  
00 JUN 13 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 000003270000  
-06/02/00-01105-004  
\*\*\*\*125.00 \*\*\*\*125.00
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

100-6968  
02-6-5  
Name  
Address  
City/State/Zip  
Phone #  
Applicant  
W. F. [Signature]

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 7, 2000

MICHAEL KELLY  
9160 FAIRBANKS LANE #5  
BOCA RATON, FL 33496

SUBJECT: SMALL SOFTWARE SYSTEMS LLC  
Ref. Number: W00000014382

We have received your document for SMALL SOFTWARE SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 500A00032085

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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This is certification that I, Michael Kelly, residing at the location specified on the attached form, am functioning as Registered Agent for the Limited Liability Company known as:

Small Software Systems LLC

located at the address specified on the attached form,

on my own behalf, as I am presently the only officer (one man company.)

I request that the Limited Liability Company, Small Software Systems LLC, be registered in perpetuity (or for no set date or specific period of time.)

Signed: Michael Kelly

Date: MAY 26, 2000

00 JUN 13 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SMALL SOFTWARE SYSTEMS LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

9160 FAIRBANKS LANE #5  
BOCA RATON, FL 33496

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

MICHAEL KELLY  
Name  
9160 FAIRBANKS LANE #5  
Florida street address (P.O. Box **NOT** acceptable)  
BOCA RATON, FL 33496  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Michael Kelly  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested.)

Michael Kelly  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL KELLY  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)