



# L020000002518

ACCOUNT NO. : 072100000032

REFERENCE : 680092 7300948

AUTHORIZATION : *Patricia Pizoto*

COST LIMIT : \$ 125.00

ORDER DATE : January 11, 2002

ORDER TIME : 11:46 AM

ORDER NO. : 680092-001

CUSTOMER NO: 7300948

200004853722--7

CUSTOMER: Mr. John F. Desimone  
Mr. John F. Desimone

1507 Contreras Lane

The Villages, FL 32159

DOMESTIC FILING

NAME: AUTOMATED SOLUTIONS LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 FEB - 1 PM 12:50

02 FEB - 1 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*SP*  
*2-1-02*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AUTOMATED SOLUTIONS LLC

## ARTICLE II - Address:

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

1507 CONTRERAS LANE, THE VILLAGES, FL 32159

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.*

Corporation Service Company

By: Deborah D. Skipper

Deborah D. Skipper

Asst. V. Pres.

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)

Deborah D. Skipper  
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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

APPROVED AND FILED  
02 FEB - 1 PM 2:07  
SECRETARY OF STATE  
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)

AUTOMATED SOLUTIONS LLC

MEMBERS LIST

BUNPHERM UDOMPUI DESIMONE  
1507 CONTRERAS LANE  
THE VILLAGES, FL 32159

JOHN F. DESIMONE  
1507 CONTRERAS LANE  
THE VILLAGES, FL 32159

sxk

02 FFR -1 PM 2:07  
SECRETARY OF STATE  
HALL AMBASSADE, FLORIDA

APPENDIX  
AND  
FILED

LIMITED POWER OF ATTORNEY

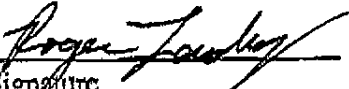
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of **AUTOMATED SOLUTIONS LLC** (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 1 day of February 2002

  
\_\_\_\_\_  
Signature

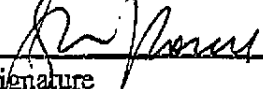
John F Desimone  
Print Name of Signer

WITNESS:

  
\_\_\_\_\_  
Signature

Roger Landry  
Print Name of Witness

WITNESS:

  
\_\_\_\_\_  
Signature

Sherwin Rold  
Print Name of Witness

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB - 1 PM 2: 07

APPROVED  
AND  
FILED