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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

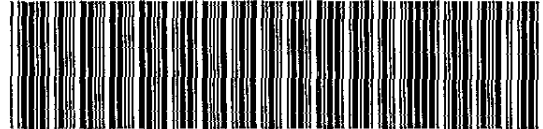
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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December 1, 2003

To Whom It May Concern

Please find enclosed check for 125.00 for Filing Fees for Articles of Organization and Registered Agent for the newly formed Organization listed below:

Vertical VAR Florida, LLC  
13632 Dowling Lane  
Odessa, FL 33556  
FEI: 04-3780087

Please return any correspondence concerning this matter to the following :

Bill Parsons  
3168 Mercer University Dr  
Suite 100  
Chamblee, GA 30341  
770-216-4455  
[billparsons@verticalvar.com](mailto:billparsons@verticalvar.com)

Thanking you in advance,



Lori Blan  
Controller  
770-216-4462

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vertical VAR Florida, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Parsons  
(Name of Person)

Vertical VAR, LLC  
(Firm/Company)

3168 Mercer University Dr. Suite 100  
(Address)

Chamblee, Ga 30341  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Bill Parsons  
(Name of Person)

at (770) 216-4455  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vertical VAR Florida, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13632 Dowling Ln  
Odessa, FL 33556

**Mailing Address:**

3168 Mercer University Dr  
Suite 100  
Chamblee, GA 30341

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

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

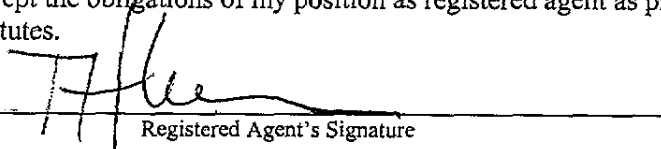
Tom Lewis  
Name

13632 Dowling Ln  
Florida street address (P.O. Box NOT acceptable)

Odessa, FLORIDA 33556  
City, State, and Zip

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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, Florida Statutes.

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:** \_\_\_\_\_ **Name and Address:** \_\_\_\_\_

"MGR" = Manager

"MGRM" = Managing Member

Tom Lewis MGRM 3168 Mercer University Dr  
Suite 100  
Chamblee, GA 30341


Crippen & Lawrence Investment 3168 Mercer University Dr  
Suite 100  
Chamblee, GA 30341

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Tom Lewis  
Typed or printed name of signee

- 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)

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