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2004 JUL -6 P 12: 32

SECRETARY OF STATE

(Requestor's Name) TALLAHASSEE, FLORIDA

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

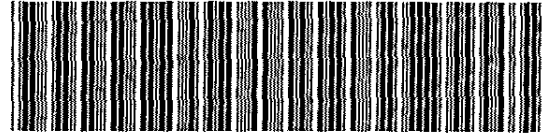
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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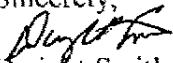
Florida Department of State
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

FILED
2004 JUL -6 P 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It Concerns.

Attached are the Articles of Incorporation for Sophisticated Systems of Florida, LLC. In completing a search of your web-site I believe that this name is currently available. Should this not be the case, based on your research, please let me know and I will select a different name and resubmit. Thank you. Please give me a call should you have any questions. Thank you very much.

Sincerely,


Dwight Smith
373 Beecher Road
Gahanna, Ohio 43230

Day time phone - 614-418-4600

Thanks again.

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2004 JUL -6 P 12: 32

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sophisticated Systems of Florida, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

* * 373 Beecher Road
Gahanna, Ohio 43230

373 Beecher Road
Gahanna, Ohio 43230

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

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

Dwight Smith
Name

* 10041 Colonial Country Club Blvd.
Florida street address (P.O. Box NOT acceptable)

Fort Myers, Florida 33913
City, State, and Zip

* Address effective 8-25-2004 for Registered Agent

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.

Dwight Smith
Registered Agent's Signature

* * Principal office Address will be the same
as Registered Agent, effective 8-25-2004

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 JUL -6 P 12: 32

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TALLAHASSEE, FLORIDA


MGRM / MGR

Dwight Smith
373 Rebecca Road
Columbus, Ohio
43230

(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.)

Dwight Smith

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)

Articles of Organization must be executed by at least one member or authorized representative of a member, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

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If an effective date is listed, the date must be specific and cannot be more than ⁷⁰⁰⁰ five business days prior to or 90 days after the date of filing.

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)

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the Articles of Organization and the check. The mailing address and courier address are:

Mailing Address

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

Street Address

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399
(850) 245-6051

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.