

L12000026116

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

FEB 23 2012  
L SELLERS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
Kameleon Software, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED  
12 FEB 22 AM 7:00  
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TALLAHASSEE, FLORIDA

FILED  
12 FEB 22 PM 12:48  
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Electronic Filing Menu Corporate Filing Menu

Help

**Khameleon Software, Inc.**  
400 N. ASHLEY DR., SUITE 2200  
TAMPA FL 33602

**TO:**  
The Secretary of State of Florida

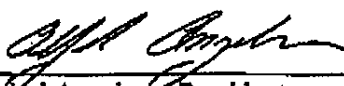
**Consent to use of name by**  
**Khameleon Software, LLC**

I, the undersigned, do hereby state the following:

THAT, I, the undersigned am the President of Khameleon Software, Inc. (the "Corporation"), a corporation organized and existing under the laws of the State of Delaware qualified and in good standing with the Secretary of State of Florida, document number F01000002354;

THAT, the Corporation does hereby consent to the use of the name of Khameleon Software, LLC, an affiliated company of the Corporation.

KHAMELBON SOFTWARE, INC.

By:   
Alfred Angelone, President  
Dated this 21<sup>st</sup> day of February 2012

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Khameleon Software, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

400 N. Ashley Drive, Suite 2200  
Tampa, FL 33602

**Mailing Address:**

400 N. Ashley Drive, Suite 2200  
Tampa, FL 33602

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

A. Douglas Angelone

Name

400 N. Ashley Drive, Suite 2200

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

Tampa FL 33602

..... 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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>A. Douglas Angelone</u> <u>400 N. Ashley Drive, Suite 2200</u> <u>Tampa, FL 33602</u>
<u>MGR</u>	<u>Matthew F. Angelone</u> <u>400 N. Ashley Drive, Suite 2200</u> <u>Tampa, FL 33602</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s.817.155, F.S.)

A. Douglas Angelone

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)