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CORPORATION(S) NAME		THE SECTION TO
Jack Henry Services, L.P.		1 8 m
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() Nonprofit		() Margar
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
CLimited Partnership	() Annual Report	() Other
()LLC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	5/11/01	Order#: 4313202
Availability		7000042124679-0
Document		-05/11/0101094017
Examiner		Ref#: *****87.50 *****87.50
Updater		-
Verifier W.P. Verifier	•	OT MAY IT PHIE
		7 1 2
660 East Jefferson Street		
Tallahassee, FL 32301		PANOPA STIM
Tel. 850 222 1092	·	A 2 0

Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

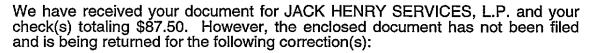
May 11, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: JACK HENRY SERVICES, L.P.

Ref. Number: W01000010793



Please note that we have RETAINED your \$87.50 payment.

Before this limited partnership can be filed, its corporate general partner -- JACK HENRY & ASSOCIATES, INC. -- must be qualified in Florida.

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) 487-6914.

Letter Number: 901A00028639

Buck Kohr Corporate Specialist FILED MO. 48
SECRETARISHER, FLORIDA

SECRETARISHER, FLORIDA

THE PROPERTY OF STATE

THE PRO

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDAS

Jack Henry Services, L.P.			F
Jack Henry Services, L.P. (Name of limited par			SEE
name is unavailable, name under which the limite must contain the	ed partnership word "LIMI"	p proposes to register or tra TED" or "LTD.")	insact business in Fl
Texas (State of Formation)	4	7/7/00 (Date of Form	
(State of Formation)		(Date of Forn	nation)
CT Corporation System		Service of Process)	
(Name of Registere	ed Agent for	Service of Process)	
1200 S. Pine Island Road (Street Add			
(Street Add	ress of Regis	stered Office)	
Plantation Island (City)		, Florida 33324	
(City)		(Zip	Code)
Acceptance by the Registered Agent for Service	of Process:		
-		CONNIE BRYAN SPECIAL ASSISTANT this line)	SECRETARY
(Agent	must sign of	this line)	
663 Highway 60, P.O. Box 807, Monett.	. MO 65708	3	
	,		
(Address of registered office required in state	e of formation	n or, if not required, addres	s of principal office
NAMES OF GENERAL PARTNERS		STREET AD	
NAMES OF GENERAL PARTICLES		71.	
Jack Henry & Associates, Inc., 663 H	idhwav 60.	P.O. Box 807. Monett.	MO 65708
1			
CC2 High Inv. CO. D. O. Day CO7 Marrith	MO CETO	o	
663 Highway 60, P.O. Box 807, Monett	and Contrib	outions of Limited Partners a	are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

MARY E STLUKA
NOTARY PUBLIC STATE OF MISSOURI
BARRY COUNTY

Seal

My Commission Expires:_

MY COMMISSION EXP. JAN. 20,2004

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

· · · · · · · · · · · · · · · · · · ·
BEFORE ME the undersigned personally appeared Kevin D. Williams
a general partner of Jack Henry Services, L.P. ,a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ _/OO
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$O
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.
Signed this 297# day of MARCH, 2001.
JACK HENRY & ASSOCIATES, INC.
By: Kem D. William
General Partner
STATE OF MISSOUR! COUNTY OF BARRY On this 29 TH day of MARCH, 2001. KEVIN D. WILLIAMS, personally appeared before me, who is personally known to me whose identity I proved on the basis of
Mary E. Stules Mary E. Stules Mary E. Stuka (Notary's Printed Name) MARY ESTLUKA NOTARY PUBLIC STATE OF MISSOURI BARRY COUNTY

My Commission Expires: ___

Seal