!	Colony SUFTWARE		1	1170 1918 20 Deptate o	Sirte Grain		•
!	Address 3425 B C		The William Control Control Control Control	continue de la configuración de la constitución de			
			ATE MAY!	1,) 		
į	· MINITE)ffice Use (Only	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City BULUTH EN Your Internal follows Refere		<u> </u>				
-	y to group the group of the gro		A STATE OF THE STA	The Control of the Co			
	1.		•				
	P (C	orporation	Name) 0 A	(Document	#)	·	-
	2. Soft	tware		ns. Il	comparato	÷(
	- (C	orporation .	Name)	(Document	#)		-
	3,				300001		
	(0	orporation)	Name)	(Document		796-0107	
	4.			·			
	(0)	orporation	Name)	(Document	#)		
						11)9	6-237
	□ " .	ГП) •	W9	6-237
	□ Walk in		k up time		Certified Copy	W9	6-2371
	☐ Walk in ☐ Mail out	Pick			Certified Copy Certificate of Stat		6-237
deservi	Mail out		wait Photo			us Vo	16-2371
<u>" T </u>	Mail out		wait Photo				6-237
Pr	Mail out EW FILINGS		wait Photo AMENDMENTS Amendment	сору		us Vo	16-237
Pr	Mail out		wait Photo	сору		96 NOV 27 SECRETARY TALLAHASSE	
Pr No	Mail out EW FILINGS		wait Photo AMENDMENTS Amendment	cer/ Director		96 NOV 27 SECRETARY TALLAHASSE	
Pr No Li	Mail out EW FILINGS rofit onProfit		wait Photo AMENDMENTS Amendment Resignation of R.A., Office	cer/ Director		96 NOV 27 AM II: SECRETARY OF ST TALLAHASSEE, FLC	
Pr Ne Li De	Mail out EW FILINGS rofit ionProfit imited Liability		AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Age	cer/ Director		96 NOV 27 SECRETARY TALLAHASSE	
Pr No Li Do	Mail out EW FILINGS rofit ionProfit imited Liability omestication ther	□ will	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	cer/ Director		96 NOV 27 AN II: 2 SECRETARY OF STA TALLAHASSEE, FLOR	
Pr No Li Do	Mail out EW FILINGS rofit onProfit imited Liability omestication	□ will	wait Photo AMENDMENTS Amendment Resignation of R.A., Offic Change of Registered Age Dissolution/Withdrawal	cer/ Director		96 NOV 27 AM II: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Pr No Li Do Ot	Mail out EW FILINGS rofit ionProfit imited Liability omestication ther	□ will	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	cer/ Director		96 NOV 27 AM II: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Pr No Li Do Oo	Mail out EW FILINGS rofit ionProfit imited Liability omestication ther	□ will	wait Photo AMENDMENTS Amendment Resignation of R.A., Offic Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION	cer/ Director		96 NOV 27 AM II: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

Examiner's Initials

Reinstatement
Trademark
Other



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sucrotary of State

November 8, 1996

SOFTWARE SOLUTIONS SUE TURNER 3425 B CORPORATE WAY DULUTH, GA 30136

SUBJECT: SOFTWARE SOLUTIONS, INCORPORATED

Ref. Number: W96000023763

We have received your document for SOFTWARE SOLUTIONS, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be listed exactly as it appears on your certificate even though that name is not available. The name you are adopting for use in Florida will need to be listed on the attached resolution.

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 (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 896A00051254



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned _ ブビらら BoLomon	, do hereby certify
that this Resolution of the Board of Directors of SOFTWARE &	olutions, incom
a corporation duly organized and existing under the laws of the State of	GEORGIA,
was duly adopted on NOVEMBER , 19 96 .	SEC SEC
Resolved, that SOFTWARE SOLUTIONS, INTORPOR	AHASSEE. FOR
and existing in the State of GEORGIA, hereby adopt	The second secon
name SOFTWARE SOLUTIONS INCORPORATED	$\mathbb{T}_{\mathbb{C}}$ is the first $\mathbb{C}_{\mathbb{C}}$ and \mathbb{C}
for use in Florida.	
Dated: \\\ \q_6	
Se Silm President	
Signature of at least one director	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	GEORGIA (State or country under the law of which it is incorporated) (Fill number, if applicable)
4.	(Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perputual")
6. 7.	UPON QUALIFICATION (Date irst transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 3425 CORPORATE WAY SUITE 13
	DULUTH, GA 30136 PM 8
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Figurida).
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: JESS SOLOMON
	Office Address: 2907 BAY TO BAY BLUD, SUITE 211
	TAMPA , Florida , 33629
	Registered agent's acceptance:
Ha cor reg all and	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)
11.	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

`12. Name NOT	s and addresses of officers and/or directors: (Street address ONLY- P. O. Box acceptable)	: :
A. DIRE	CTORS (Street address only- P. O . Box NOT acceptable)	
Chairman:	JESS SOLOMON	
Address:	3425 CORPORATE WAY, SUITE B	
	DULUTH, GA 30136	
Vice Chair	rman:	
Address:		
Director:	JOSEPH PRICE	
Address:	3425 CORPORATE WAY, SUITE B	
_	DULUTH, GA 30136	
Director:	MICHAEL KOHLSDORF	
Address:	3425 CORPORATE WAY, SUITE B	
-	DULUTH, GA 30136 En	
B. OFFIC	CERS (Street address only- P. O. Box NOT acceptable)	
President:	JESS Solomon Resident	T
Address:	3425 CORPORATE WAY, SUITE BAZ -	I Martine
-	DULUTH, GA BAISL	- Trans
Vice Presid	dent: ROBBET RUSSELL RE 2	
Address:	3425 CORPORATE WAY, SUITE B	
	DULUTH, GA 30136	
Secretary:	JUDI KEGEL	
Address:	3425 CORPORATE WAY, SUITE B	
-	DULUTH, GA 30136	
Treasurer:		
Address: _		
NOTE: If	necessary, you may attach an addendum to the application listing additional	•
officers and	d/or directors.	
13(Si	grighture of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	٠
14	JESS SOLOMON PRESIDENT (Typed or printed name and capacity of person signing application)	

Secretary of State

**Majiness Information and Services

Suite 315, West Tower

2 Martin Author King Dr. Ar.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 962840360
CONTROL NUMBER : 7902525
DATE INC/AUTH/FILED: 03/09/1979
JURISDICTION : GEORGIA
PRINT DATE : 10/10/1996
FORM NUMBER : 211

SOFTWARE SOLUTIONS, INC. SUE TURNER 3425 B CORPORATE WAY DULUTH GA 30136 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia; do hereby certify under the seal of my office that

SOFTWARE SOLUTIONS, INCORPORATED A DOMESTIC PROFIT CORPORATION.

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal? a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

LEWIS A. MASSEY
SECRETARY OF STATE

12. Names and addresses of officers and/or directors; (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) GOMONO SCEET Chairman: 5 CORPORATE WAY, SUITE B GA 30136 かってった Vice Chairman: _____ Address: し り り が に の キ PRICE Director: CORPORATE (L)AN. Address: 30136 KOHLSDORF Director: _ DRPORATE WAY, Address: GA 30136 B. OFFICERS (Street address only- P. O. Box NOT acceptable) SOLOMON President: Address: Vice President: WAY, SUITE B Address: _ Sccretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. VLES11059U+ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) TESS SOLOMON PRESIDENT
(Typed or printed name and capacity of person signing application)