

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

: PARCORP SERVICES, LTD. Account Name

Account Number : I19990000011 : (727)320-9848 Phone Fax Number : (727)320-9648

LIMITED LIABILITY COMPANY

The Software Developer's Network, LLC

Certificate of Status	1
Certified Copy	0
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### Fax Audit No. (((H00000000164 4)))

#### STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF THE SOFTWARE DEVELOPER'S NETWORK, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SOFTWARE DEVELOPER'S NETWORK, LLC

ARTICLE II - Address:

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

2513 LINCOLN STREET, HOLLYWOOD, FL 33020

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

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

MARVIN A. DEAN

Name

2513 LINCOLN STREET

Florida street address (P.O. Box NOT ACCEPTABLE)

HOLLYWOOD, FL 33020

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 608, F.S..

Registred Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore,

a manager - managed company.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

MICHAEL J. JAGODA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

## THE SOFTWARE DEVELOPER'S NETWORK, LLC

THE SUFTWARE	DEADING EN PHANCE HOURS	
2. The name of the l	Florida street address of the registered agent are:	00 J
	MARVIN A. DEAN Name	N-3
	2513 LINCOLN STREET Florida street address (P.O. Box NOT ACCEPTABLE)	PH 95
	HOLLYWOOD, FL 33020	10 10HS
_	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.

Signature of Registered Agent

Fax Audit No. (((H00000000164 4)))