

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite T • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-9062 • Fax (850) 224-1222

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14519

Alacrity Software Solutions
L.L.C.

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****125.00 ****125.00

L00-14519
OK

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

✓ L.C. File Photo

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

✓ Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR ALACRITY SOFTWARE SOLUTIONS, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is: **ALACRITY SOFTWARE SOLUTIONS, L.L.C.**

ARTICLE II - Address:

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

4003 S. Westshore Blvd., #2106
Tampa, FL 33611

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

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

Robert Krug, Esquire
4010 Boy Scout Blvd., Suite 590
Tampa, FL 33607

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

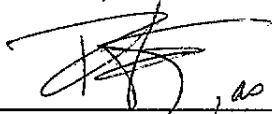
ARTICLE IV - Management (Check box if applicable.)

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

ARTICLE V - Effective Date

Effective date of the company is:

November 20, 2000



Signature of a member or an authorized representative
of a member.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

Robert Krug, Esquire (Authorized Representative)

Typed or Printed Name of Signee

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TALLAHASSEE, FLORIDA