

LO1000004949
Lovanis Consulting, LC ♦ P.O. Box 1350 West Palm Beach, FL 33470-1350 (561) 795-1981 fax 1-866-403-7955

March 24, 2001

SENT VIA CERTIFIED MAIL

900003924739--1
-03/29/01--01013--004
****130.00 ****130.00

Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee FL 32399

Gentlemen;

Enclosed please find our company's application for 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY'. A check for \$130 is enclosed to cover the following fees:

Filing Fee	\$ 100
Designation of Registered Agent	\$ 25
Certificate of Status	\$ 5
TOTAL	<u>\$ 130</u>

Thank you for your prompt attention to this matter.

Very truly yours,

Claudia M. Johnston
Claudia M. Johnston
Managing Director

FILED
01 MAR 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-4949
JR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AdvanSys Consulting, LC

ARTICLE II - Address:

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

Mailing address	STREET ADDRESS
P.O. BOX 1350 West PALM BEACH, FL 33470-1350	1258 BARNSTAPLE CIR. WELLINGTON, FL 33414

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

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

Name
<u>CLAUDIA M. JOHNSTON</u>

Florida street address (P.O. Box <u>NOT</u> acceptable)
<u>1258 BARNSTAPLE CIR</u>
<u>WELLINGTON FL 33414</u>
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..

Claudia M Johnston

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.

(An additional article must be added if an effective date is requested)

Claudia M. Johnston
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.)

CLAUDIA M. JOHNSTON

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
01 MAR 28 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA