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CORPORATION NAME(S) & DOCU		-		-
1. <u>00789-06423-00</u> (Corporation Name)	(Document #)			
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Walk in Pick up time	[	Certified Copy	1	
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NEW FILINGS	AMENDMENTS			
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A.,</li> <li>Change of Registered</li> <li>Dissolution/Withdray</li> <li>Merger</li> </ul>	l Agent	01 NOV 29 AM 10: 2 SECRETARY OF STATE ALLAHASSEE, FLORID	FILED
OTHER FILINGS	REGISTRATION/QUA	<b>LIFICATION</b>	AM IO: E. FLOF	
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>		0:21 TATE ORIDA	
		Examiner's Init	ials	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 13, 2001

DENISE DENOVA 2706 ALT. 19 N., SUITE 300 PALM HARBOR, FL 34683

SUBJECT: E. SOFT MARKETING LLC Ref. Number: W01000026049

We have received your document for E. SOFT MARKETING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 001A00061311

## , ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** The name of the Limited Liability Company is: ESOFT Marketing

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2006 ACT. 19 N. Sute 300

## alm Harrear Florida 34683

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

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

Name ACT 19 N Florida street address (P.O. Box NOT acceptable) anon BULBB FL 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.

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)

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.)

Jemse Jova

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)

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