## L02000001547

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Client Management Technologies, LLC			
\$100.001	2000047811	—   	-00 30.	— <del>5.</del> 9 .00
A letter of acknowledger additional \$5 if a certific	ment will be issued free of charge upon filing. Please submit an ate of status is needed. The fee for a certified copy is \$30. For the total amount made payable to the Florida Department.	CRETARY	02 IAN 1.7 DM	FILED
FROM:	Joseph DePaolo Name (Printed or typed)  3922 Talah Drive Address  Palm Harbor, FL 34684	STATE	្ ភ	
	City, State, &Zip  (727) 781-8766  Daytime Telephone Number	۷.	٠.	

W2-1567

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Client Management Technologies, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
3922 Talah Drive Palm Harbor, FL 34684			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
Karen DePaolo Name		=	
3922 Talah Drive		TOL	
Palm Harbor, FL 34684  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.	<del>_</del>		
(An additional article must be added if an effective date is requested)	SECR	02 J	
Signature of a member or an authorized representative of a member.	ETARY HASSEE	AN 17 PM	ויורכט
(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.)	OF STAT	PM 3: 5	

Joseph DePaolo
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)