

LO20000007936



ACCOUNT NO. : 072100000032

REFERENCE : 493128 7272957

AUTHORIZATION :

Patricia Pajaro

COST LIMIT : \$ 125.00

ORDER DATE : March 25, 2002

ORDER TIME : 9:05 AM

ORDER NO. : 493128-005

CUSTOMER NO: 7272957

3000005190533--6

CUSTOMER: Mr. Jerry Jeakle
Culpepper & Jeakle, Cpa's, Pa

300 West Adams
Suite 570
Jacksonville, FL 32202

DOMESTIC FILING

NAME: INDEPENDENT SOFTWARE
SOLUTIONS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
DCC CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:

Name	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
Availability	
Document	CERTIFIED COPY
Examiner	<u>XX</u> PLAIN STAMPED COPY
	DCC CERTIFICATE OF GOOD STANDING
Updater	CONTACT PERSON: Deborah Schroder - EXT. 1118
Updater	EXAMINER'S INITIALS:
Verifier	<u>XX</u> DCC
Acknowledgement	DCC
V. P. Verifier	DCC

FILED
02 APR -3 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
02 APR -3 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDEPENDENT SOFTWARE SOLUTIONS LLC

ARTICLE II - Address:

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

1804 HOLLY FLOWER LANE, ORANGE PARK, FL 32003

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

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

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box NOT acceptable)		
TALLAHASSEE	FL	32301
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.

CORPORATION SERVICE COMPANY

By: Laura R. Dunlap
Registered Agent's Signature

Laura R. Dunlap
as its agent

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)

Laura R. Dunlap
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.)

LAURA R. DUNLAP, AS AGENT

Typed or printed name of signee

Laura R. Dunlap
as its agent

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)

02 APR 3 PM 4:12
FILED
STATE OF FLORIDA
TALLAHASSEE

MANAGERS
OF
INDEPENDENT SOFTWARE SOLUTIONS LLC

Donna G. Jeakle
1804 Holly Flower Lane
Orange Park, FL 32003

William C. McCune, Jr.
1635 Ludlow Road
Marco Island, FL 34145

Das

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE No.675 03/29 '02 15:17

ID:CSC


FAX:850 521 1010

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of INDEPENDENT SOFTWARE SOLUTIONS, LLC, (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

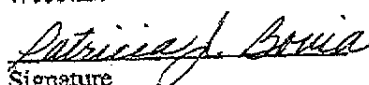
This Limited Power of Attorney is executed on this 29th day of MARCH 2002.


Signature
J. G. JEAKLE
Print Name of Signer

WITNESS:


Signature
GERALD R. ROACH
Print Name of Witness

WITNESS:


Signature
PATRICIA J. BOVIA
Print Name of Witness

Das