

LO2000032089

Ginger Simmons

(Requestor's Name)

CSC

(Address)

(Address)

(City/State/Zip/Phone #)

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FL LLC

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02 NOV 27 PM 3:05  
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 823391 7357452

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia P. Smith*  
6/1

ORDER DATE : November 16, 2002

ORDER TIME : 3:15 PM

ORDER NO. : 823391-001

CUSTOMER NO: 7357452

CUSTOMER: Mr. Luis E. Silva  
Mr. Luis E. Silva

1605 Nw 26 St

Miami, FL 33142

DOMESTIC FILING

NAME: DATASOFTDEV, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DATASOFTDEV, LLC

### ARTICLE II - Address:

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

1605 NW 26 ST, MIAMI, FLORIDA 33142

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

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</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.*

Corporation Service Company

By: Deborah D. Skipper **Deborah D. Skipper**  
Registered Agent's Signature Asst. V. Pres.

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

Deborah D. Skipper  
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.)

DEBORAH D. SKIPPER  
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  
02 NOV 27 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DATASOFTDEV, LLC**

**MEMBERS LIST**


**LUIS E. SILVA**

**1605 NW 26 ST.  
MIAMI, FL 33142**

## LIMITED POWER OF ATTORNEY

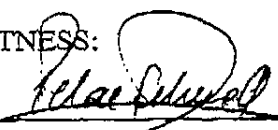
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DATASOFTDEV, LLC (the "LLC"), 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      day of      , 2002.

  
\_\_\_\_\_  
Signature

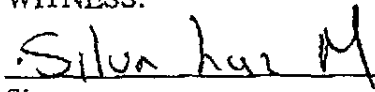
Luis E. Silva  
Print Name of Signer

WITNESS:

  
\_\_\_\_\_  
Signature

CARMEN SILVEIRA  
Print Name of Witness

WITNESS:

  
\_\_\_\_\_  
Signature

Luis Marina Silva  
Print Name of Witness