L03000009453

(Requesto	r's Name)	
(Address)		
(Address)		
(Mudicas)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(
(Documer	t Number)	
	**	
Certified Copies	Certificates of S	Status
Special Instructions to Filing (Officer:	

Office Use Only



700014065307

03/14/03--01072--005 **125.00

03 MAR IL AN IO 35
SELECTION STATE
FACILITY OF THE FELORITY

BR

Open System Services, LLC

Registration Section Division of Cororations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:/Madam:

I wish to establish a limited liability company in the state of Florida. Attached is the Articles of Organization.

If you have any questions please call me at 561.472.3708.

All /

Robert C. Kirkman

Open Systems Services, LLC

SECRETARIA AN ID 3

1963 Crafton Road N. Palm Beach, FL 33408 561.472.3708 Cell:561.714.8848 Fax:561.472,3701 kirkmanr@openserve.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPEN SYSTEM SERVICES, LLC

ARTICLE II - Address:

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

1963 CRAFTON ROAD

NORTH PALM BEACH, FL 33408

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

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

Robert C. Kirkman	· · · · · · · · · · · · · · · · · · ·	₹K 8	
Na	me ,		
1963 Crafton Road	•	S S	ند. خ
Florida street address (P.O. Box NOT acceptable)	Sin F	ľ
North Palm Beach	FL 3 3408	四点 王	Ę
City, St	ate, and Zip	S 5	
•	· ,	Pm ω	

Having been named as registered agent and to accept service of process for the above stated limited hability 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 cal 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 Agem's Signature

(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.)

Robert C. Kirkman

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)