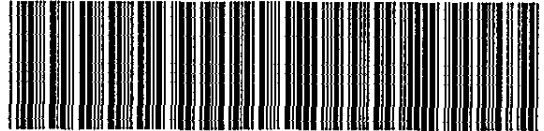


LO3 0000 18261

03 MAY 19 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400018954384

05/19/03--01028--013 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL1

Office Use Only

May 13, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FILED  
03 MAY 19 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I wish to establish a limited liability company in the state of Florida; application attached.

Thank You,



Sheila C. Conant  
25830 Creekbend Drive  
Bonita Springs, FL 34135  
734.395.2274

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
03 MAY 11 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Suncoast Software Solutions LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
25830 Creekbend Drive, Bonita Springs, FL 34135

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

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

Sheila C. Conant

Name

25830 Creekbend Drive

Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs

FL 34135

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.*

Sheila Conant

Registered Agent's Signature

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

Sheila Conant

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.)

Sheila C. Conant

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)