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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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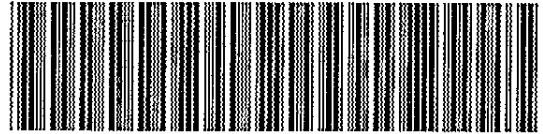
(Business Entity Name)

(Document Number)

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10/10/03--01047--010 \*\*125.00

AL

Sunquest Financial Systems, LLC  
790 Hillbrath Dr.  
Lantana, FL 33462 .

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03 OCT 10 PM 2: 53  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
(561) 582-6688  
FAX: (561) 202 2078

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

10/7/03 .

Re: Sunquest Financial Systems, LLC .

Gentlemen:

Enclosed you with please find duly executed articles of organization for Florida Limited Liability Company, together with our check in the sum of \$125.00 to cover the costs of filing and designation of registered agent.

We would appreciate your filing the enclosure returning the receipt to the address appearing above .

Very Truly Yours  
Sunquest Financial Systems, LLC .  
by:

  
Sanford Pollack, registered agent

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

PM 2: 53  
03-04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SunQuest Financial Systems

**ARTICLE II - Address:**

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

790 Hillbrath Drive, Lantana, FL 33462

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

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

Sanford Pollack

Name

790 Hillbrath Drive,

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

Lantana,

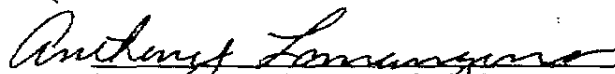
FL 33462

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

(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.)

Anthony Lomangino

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)