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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

# LIMITED LIABILITY COMPANY

## XKR SOFTWARE LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITYCOMPANY

In compliance with Chapter 608,F.S.

### ARTICLE! NAME

The name of the Limited Liability Company is: XKR SOFTWARE LLC

### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability 92 SADBERRY ROAD QUINCY, F£ 32351.

# ARTICI E III REGISTERED AGENT. REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

The name and the Florida-street address of the registered agent A1A REGISTERED AGENT INC. - 92 SADBERRY ROAD.

QUINCY, FL 32351

Having been named as registered agent to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Farther agree to comply with the provisions all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position-as-registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

Signature of a member or an authorized representative of a member.

(In accordance with section 698.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

JEFF ST. LAURENT

SECRETARY OF STAFE