

W04009050792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

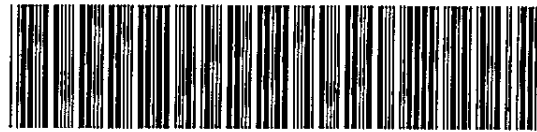
(Business Entity Name)

(Document Number)

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06/25/04--01013--014 **125.00

W04-50792
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTELLIFORTE, INC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Robert Soto, CPA
(Name of Person)

De Soto Group, P.A.
(Firm/Company)

2701 Michigan Ave., Ste. H
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

S. Robert Soto, CPA at (407) 348 7752
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JAN 11 1994

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 28, 2004

S. ROBERT SOTO
2701 MICHIGAN AVENUE, STE. H
KISSIMMEE, FL 34744

SUBJECT: INTELLIFORTE, INC.
Ref. Number: W04000024798

We have received your document for INTELLIFORTE, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00042182

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTELLIFORTE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Raju Sen Sharma Pres

12113 Napiers Cir.

Orlando, FL 32826

Mailing Address:

INTELLIFORTE, LLC

P.O. Box 677685

Orlando, FL 32867

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

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

Raju Sen Sharma

Name

12113 Napiers Cir.

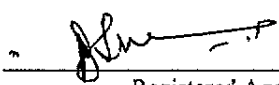
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL

FLORIDA 32826

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Raju Sen Sharma

12113 Napiers Cir.

Orlando, FL 32826

MGRM

Ajeet Ahuja

12018 Pasteur Dr.

Orlando, FL 32826

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Raju Sen Sharma MGRM

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)