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2004 SEP -1 P 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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TRANSMITTAL LETTER

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**TO: Registration Section
Division of Corporations**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SUBJECT: System State Technologies, LLC
(Name of Limited Liability Company)**

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

\$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)
\$160.00	Total Fee(s)

Please return all correspondence concerning this matter to the following:

Harris Hershkowitz
(Name of Person)

System State Technologies, LLC
(Firm/Company)

8700 Sherman Cir N Suite #204
(Address)

Miramar, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

Harris Hershkowitz at **(954) 435-6686**
(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

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

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ARTICLE I – Name:

The name of the Limited Liability Company is:

System State Technologies, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II – Address:

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

Principal Office Address:

8700 Sherman Cir N Suite #204
Miramar, FL 33025

Mailing Address:

8700 Sherman Cir N Suite #204
Miramar, FL 33025

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

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

Name:

Harris Hershkowitz

Florida street address:

8700 Sherman Cir N Suite #204

City, State, and Zip:

Miramar, FL 33025

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 the 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 am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Registered Agent: Harris Hershkowitz

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

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

Title:

Name and Address:

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“MGR” = Manager

“MGRM” = Managing Member

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MGRM

Harris Hershkowitz
8700 Sherman Cir N Suite #204
Miramar, FL 33025
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Susan Hershkowitz
8700 Sherman Cir N Suite #204
Miramar, FL 33025

MGRM

Mark Hershkowitz
8700 Sherman Cir N Suite #204
Miramar, FL 33025

ARTICLE V – Purpose:

The purpose for which this limited liability company is organized is:
To engage in any and all lawful acts for which an L.L.C. may be formed.

ARTICLE VI – Duration:

The period of duration for the Limited Liability Company shall be: perpetual

ARTICLE VII – Effective Date:

The effective date of these articles is: upon filing

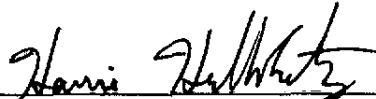
ARTICLE VIII – Non Liability:

The members and managers, if any, shall not be liable for any debts, obligations or liabilities of the limited liability company.

ARTICLE IX – Miscellaneous:

New members can be admitted to the company with full rights of membership upon the majority consent of the existing members.

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.)

Registered Agent: Harris Hershkowitz (name of signee)