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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Navarre		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
_David S.	Olson		
	(1	Name of Person)	
Navarre Software, L		F'- (0	
	(Firm/Company)	
8367 Verdu	ra Street		7
		(Address)	SEC
			A A A A A A A A A A A A A A A A A A A
Nava	rre, Florida 32566-9293		JAN -6 HASSEE.
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	P 12: 08 F STATE FLORIDA
David Olson		at (850) 939-1974	,
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS. MAILING ADDRESS.		NDB#CC.	

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Navarre Software, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8367 Verdura Street	8367 Verdura Street
Navarre, Florida 32566-9293	Navarre, Florida 32566-9293
	AS 28
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Semature
The name and the Florida street address of the re	egistered agent are:
David S. Olson	E S D
Name	TATE ORIDA
8367 Verdura Street	≫ ′ ∞
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Navarre, Florida 32566-9293	FL
City, State, as	nd 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

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	David S. Olson 8367 Verdura Street Navarre, Florida 32566-9293
	7,
(Use attachment if necessary)	JAN BECRETARY
NOTE: An additional article must be a REQUIRED SIGNATURE:	To T
a al	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.)

David S. Olson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)