

L 05000024205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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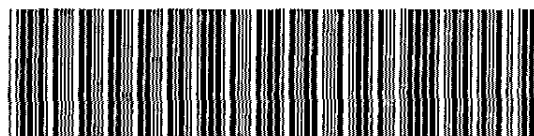
(Business Entity Name)

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05 MAR 10 PM 12:38
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TALLAHASSEE, FLORIDA

3/9/05
Farshidfar Nadjarzadeh
Requestor's Name
14813 SW 152 Terr
Address
Miami, FL 33187
City State ZIP Phone

CORPORATION(S) NAME

Interactive Software Solutions LLC

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger
☐ Foreign ☐ Dissolution ☐ Mark
☐ Limited Partnership ☐ Annual Report ☒ Other
☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent
☒ Certified Copy ☐ Photo Copies ☐ Certificate Under Seal
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Interactive Software Solutions LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14813 SW 152nd Terrace
Miami, FL 33187

14813 SW 152nd Terrace
Miami, FL 33187

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

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

Farshidfar Nadjaradzadeh

Name

14813 SW 152nd Terrace

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

Miami, FL 33187

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..

Farshidfar Nadjaradzadeh

Registered Agent's Signature

(CONTINUED)

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

Vice President

Name and Address:

Robert Navarro

13800 SW 8 st Suite 222

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Farshidfar Nadjarzadeh

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.)

FARSHIDFAR NADJARZADEH

Typed or printed name of signer

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)