

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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2005 OCT -6 AM 9:33
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LIMITED LIABILITY COMPANY

SourceOne Info, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SourceOne Info, LLC

ARTICLE II - Address:

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

Principal Office Address:

Carrollwood Crossings

4014 Gunn Highway, Suite 110

Tampa, FL 33618

Mailing Address:

Carrollwood Crossings

4014 Gunn Highway, Suite 110

Tampa, FL 33618

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

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

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation FLORIDA 33324

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.

✓ Margaret E. Rouzahn
Registered Agent's Signature

MARGARET E. ROUZAHN
Special Assistant/Secretary

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ALLAHASSEE, FLORIDA

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CT CORPORATION SYSTM

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PAGE 03/03

P.03

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

Leslie Feldman

1916 Welsh Road

Philadelphia, PA 19115

MGRM

Mauri Blafeld

1916 Welsh Road

Philadelphia, PA 19115

(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 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Leslie Feldman, Managing Member

Typed or printed name of signer

- 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)

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