

LD6000094205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

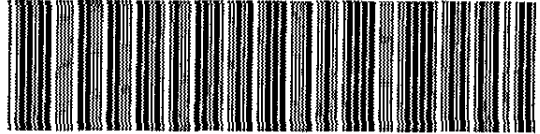
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300080123273

09/25/06--01064--010 **160.00

EFFECTIVE DATE
9/21/06

FILED
06 SEP 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. C. Gifford SEP 26 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENABLE INFO SOLUTIONS, LLC
(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:

KUMARESH RAJARAM

(Name of Person)

ENABLE INFO SOLUTIONS, LLC

(Firm/Company)

902 EAGLE POINT DRIVE

(Address)

ST AUGUSTINE, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

KUMARESH RAJARAM

(Name of Person)

at (904) 294-5320

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
9/21/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENABLE INFO SOLUTIONS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

902 EAGLE POINT DRIVE
ST AUGUSTINE, FL 32092

Mailing Address:

902 EAGLE POINT DRIVE
ST AUGUSTINE, FL 32092

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KUMARESH RAJARAM

Name

902 EAGLE POINT DRIVE

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

ST AUGUSTINE FL 32092

City, State, and Zip

FILED
06 SEP 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Page 2 of 2