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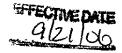
06 SEP 25 PM 2: 45

SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Co			w.
SUBJECT: ENABL	E INFO SOLUTIONS	S, LLC d Liability Company)	
	•	1 7,	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
KUMARES	H RAJARAM		
	(Name of Person)	
ENABLE IN	NFO SOLUTIONS, L	LC	
	(Firm/Company)	
902 EAGL	E POINT DRIVE		
		(Address)	•
ST AUGU	STINE, FL 32092		· _
	(City	State and Zip Code)	
For further info-mation	anno motifica di la constanti di la cons	11.	
For futures information	concerning this matter, please	can:	
KUMARESH RA.	JARAM	at (904) 294-532	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	d Liability Company	is:			
ENABLE INFO SOLUTI					
(Must end with the words "Lim	ited Liability Company, "L	imited Company" or their abbreviation "LLC	," or "L.C.,")		
ARTICLE II - Addres	··				
		e principal office of the Limited L	iability Company is:		
C		•			
Principal Office Address:		Mailing Address:			
902 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092		902 EAGLE POINT DRIVE			
		ST AUGUSTINE, FL 32092	* .		
business entity with an active The name and the Florid	Florida registration.)	egistered Agent. You must designate an indi	O6		
Name			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
902 EAGLE POINT DRIVE			FIL SEP 25 CRETAKI LAHASSI		
Florida street address (P.O. Box NOT acceptable)					
STA	AUGUSTINE	_{FL} 32092	PM 2: 4 CH-STATEE, FLORI		
	City, Sta	ate, and Zip	>A [F.		
liability company at registered agent and ag	the place designated gree to act in this cap	to accept service of process for the in this certificate, I hereby accept t acity. I further agree to comply wit e performance of my duties, and I a	the appointment as th the provisions of all		

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

Title:		Name and Address:			
"MGR" = Mana "MGRM" = Ma					
MGRM		KUMARESH RAJARAM			
1110111		902 EAGLE POINT DRIVE			
		ST AUGUSTINE, FL 32092			
MGRM		DHURVAS L SIVAKUMAR			
IVIOITIVI		1020 HARNESS DRIVE Apt. 54			
		SAN RAMON, CA 94583			
			•		
					
			,		
					
(Use attachment ARTICLE V: Effective (If an effective date is litto or 90 days after the days af	date, if other than the da	te of filing: 9/21/2006 (0 pecific and cannot be more than five bu			rior
REQUIRED SI	GNATURE:		T _S	0	
	RRA	umany.	ALC RE)6 SEP	
	Signature of a member o	r an authorized representative of a member.	SA	№	T
	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution cs an affirmation under the penalties of perjury in are true.)	SEE, FLO	25 PM 2:45	LED
	KUMARESH RAJARAM		ĕ ĕ	÷	
	Турес	l or printed name of signee) K	O.	

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)