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To:

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Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 ı (850)222-1092

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## TSCI Infotech Consulting, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TSCI Infotech Consulting, LLC (Must and 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:

Mailing Address:

317 ME 27th Drive

Wilton Manors, FL 33334-2025

317 NE 27th Drive

Wilton Manors, FL 33334-2025

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connot 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:

Transformational Strategies Consulting, Inc.

317 NE 27th Drive

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

Wilton Manors

33334-2025

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 occept 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..

Rogistered Ageny's Signature (REQUIRED)

By: / Fernando A. Salgado, President

Transformational Strategies Consulting, Inc.

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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" = Manager "MGRM" = Managing Member Transformational Strategies Consulting, Inc. MGR 317 NE 27th Drive Wilton Manors, FL (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If so effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjary that the facts stated herein are true.) Szigado Fernando A Typed or printed name of signee filing Fees: \$125.80 Filing Fee for Articles of Organization and Designation of Registered Agent 5 39.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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