

LOT000012525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

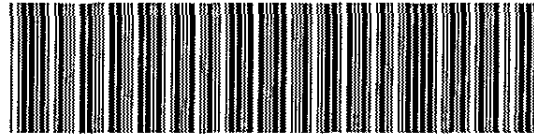
Certificates of Status _____

Special Instructions to Filing Officer:

AB

W07-4972

Office Use Only



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01/29/07--01045-012 **125.00

FILED
07 FEB -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Software Testing Unlimited, Ltd Co
(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:

Stu Taylor

(Name of Person)

Software Testing Unlimited

(Firm/Company)

22952 Bay Cedar Drive

(Address)

Land O Lakes Florida, 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Taylor

(Name of Person)

at (813) 929-0213

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

07 FEB -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2007

STU TAYLOR
22952 BAY CEDAR DRIVE
LAND O LAKES, FL 34639

SUBJECT: SOFTWARE TESTING UNLIMITED, LTD CO
Ref. Number: W07000004972

We have received your document for SOFTWARE TESTING UNLIMITED, LTD CO and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 29, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 307A00007191

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TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Software Testing Unlimited, Limited Liability Company

(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:

22952 Bay Cedar Drive
Land O Lakes Florida, 34639

Mailing Address:

22952 Bay Cedar Drive
Land O Lakes Florida, 34639

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:

Stuart Taylor

Name

22952 Bay Cedar Drive

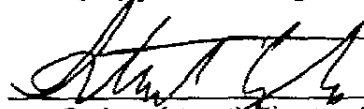
Florida street address (P.O. Box **NOT** acceptable)

Land O Lakes FL , 34639

City, State, and Zip

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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

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

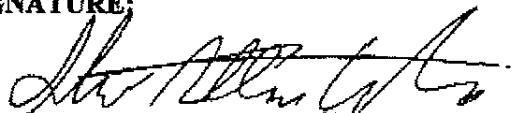
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMStuart Allen Taylor22952 Bay Cedar DriveLand O Lakes Florida, 34639MGRKaren Durham Taylor22952 Bay Cedar DriveLand O Lakes Florida, 34639

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 29, 2007 (OPTIONAL)
 (If an 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(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stuart Allen Taylor

Typed or printed name of signee

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)

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA