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SECRETARY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE : 039692

7601838

AUTHORIZATION : (

COST LIMIT

ORDER DATE : August 2, 2007

ORDER TIME : 1:41 PM

ORDER NO. : 039692-001

CUSTOMER NO: 7601838

DOMESTIC AMENDMENT FILING

NAME:

BELLEMARE TOTAL SYSTEMS

INTEGRATION, LLC

EFFECTIVE DATE:

 ARTICLES	OF AMEND	MENI	
 RESTATED	ARTICLES	OF	INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER'S INITIALS:

ARTICLES OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>busine</u> in Flor		ion or application to transact business				
FIRST	TEMARE TOTAL SYSTEMS INTEGRATION	ÖN, LLC				
SECO	<u> </u>	O'P				
<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETI	E THE APPLICABLE STATEMENT				
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: MGRM NAME SPELLED INCORRECTLY CORRECTING BELOW:					
	PIERRE A. BELLEMARE					
	2948 SHANNON CIRCLE					
	PALM HARBOR, FL 34684					
	<u>OR</u>					
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:						
Dated:	. AUGUST 17 , 200	7				
	/s/ David Stover					
	Signature of a member or authorized repre- DAVID STOVER	sentative of a member				
Typed or printed name of signee						
	Filing Fee: \$2	5.00				

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L07000079899 FILED 8:00 AM August 03, 2007 Sec. Of State ncausseaux

Article I

The name of the Limited Liability Company is: BELLEMARE TOTAL SYSTEMS INTEGRATION, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 11627 SUMMIT ROCK COURT PARRISH, FL. US 34219

The mailing address of the Limited Liability Company is: 11627 SUMMIT ROCK COURT PARRISH, FL. US 34219

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: DEBORAH D. SKIPPER

Article V

The name and address of managing members/managers are:

Title: MGRM POERRE A BELLEMARE 2948 SHANNON CIRCLE PALM HARBOR, FL. 34684 US

Title: MGRM DENVER C STOVER 2830 27TH CT E

PALMETTO, FL. 34221 US

Title: MGRM

DAVID C STOVER

11627 SUMMIT ROCK COURT

PARRISH, FL. 34219 US

Signature of member or an authorized representative of a member

Signature: DAVID STOVER

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