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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Lagvnes Software Solutions LLC

Certificate of Status	0
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FAX AUDIT # H080000441343

**ARTICLES OF ORGANIZATION  
OF  
Lagynes Software Solutions LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Lagynes Software Solutions LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
15569 Miami Lakeway N. #105, Miami Lakes, Florida 33014.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Carlos Carrillo, 15569 Miami Lakeway N.  
#105, Miami Lakes, Florida 33014. Located in the County of Miami-Dade.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2048.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and  
address of the member of the Limited Liability Company is:

Carlos Carrillo, 15569 Miami Lakeway N. #105, Miami Lakes, Florida 33014

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Date: February 7, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717

(608) 827-5300

FAX AUDIT # H080000441343

FAX AUDIT #

H080000441343CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Lagvnes Software Solutions LLC**

The name and address of the registered agent and office is Carlos Carrillo, 15569 Miami Lakeway N. #105, Miami Lakes, Florida 33014. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

  
Carlos Carrillo

Date:

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TALLAHASSEE, FLORIDA

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