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ISECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: SoftwareTransitions LLC	
(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:	
Steven B. Interdonato	
(Name of Person)	
SoftwareTransitions LLC	
(Firm/Company)	_
690 Island Way Suite 1101	
(Address)	
Clearwater Beach, FL 33767	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Steven B. Interdonato at 516 330-0178	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SoftwareTransitions LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
690 Island Way Suite 1101	690 Island Way Suite 1101	
Clearwater Beach, FL 33767		
ARTICLE III - Registered Agent, Regis		—— gnatureo ≧‰
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signate an individual f the registered agent are:	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Steven B. Interest	stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual f the registered agent are:	MAY 2
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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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Steven B. Interdonato
	690 Island Way Suite 1101
	Clearwater Beach, FL 33767
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 21, 2008 . (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.)

Steven B. Interdonato

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)