	•	•
(Request	tor's Name)	
(Address)	
(Address)	
(City/Stat	te/Zip/Phone	· #)
PICK-UP] WAIT	MAIL
(Busines	s Entity Nam	ne)
(Docume	nt Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	Officer:	

L. SELLERS

AUG - 5 2008

EXAMINER

Office Use Only



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08/04/08--01014--021 **160.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	FCT. Irrational Software, LLC		
SODJ		ted Liability Company)	
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.	
	return all correspondence concerning this ma	•	
	Ronald Hume		
	- Torraid Parito	(Name of Person)	
	Hume Consulting Inc.		
	<u> </u>	(Firm/Company)	
	5311 Banyan Lane		
		(Address)	
	Tamarac, FL 33319		
	(Ci	ty/State and Zip Code)	
For fu	rther information concerning this matter, pleas	e call:	
Ron	ald Hume	954 347-2032	
	(Name of Person)	_ at (954) 347-2032 (Area Code & Daytime Telephon	e Number)
Enclo	sed is a check for the following amount:		
	.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

ARTICLE I - Name:	and the
The name of the Limited Liability Comp	pany is:
Irrational Software, LLC	
	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
	·
Principal Office Address:	Mailing Address:
5311 Banyan Lane	5311 Banyan Lane
Tamarac, FL 33319	Tamarac, FL 33319
The name and the Florida street address of Ronald Hume	of the registered agent are:
	Name
5311 Banyan L	ane
Florida s	treet address (P.O. Box NOT acceptable)
Tamarac, FL 33	3319 _{FL}
City	, State, and Zip
liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited sted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECNETARY OF STATE

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	Hume Consulting Inc. 5311 Banyan Lane Tamarac, FL 33319
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is to or 90 days after the date of filing.)	nan the date of filing: $8/1/2008$. (OPTIONAL) must be specific and cannot be more than five business days prior
<u>REQUIRED</u> 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 penaltics of perjury

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)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)