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Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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Office Use Only

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**EXAMINER** 



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Lawrence Elias 1515 University Drive Suite 101 Coral Springs, Fl.33071 August 4, 2008

Registration Section Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

Enclosed are the documents to incorporate Master Pool Software LLC as a Florida based Limited Liability Company.

Sincerely,

Lawrence Elias

President and Manager Master Pool Software 1515 University Drive Suite 101

Coral Springs, Fl 33071

954-340-4341

# **COVER LETTER**

Division of Corporation	ons		
SUBJECT: MA STE	R POOL -	SOFTWARE,	LLC
	(Tame of Emilia	Diability Company)	
The enclosed Articles of Organiz	cation and fee(s) are su	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
LAWRENCE	E ELIAS	Same of Borgon)	
MASTER	$\overline{}$	FTWARE, LL	<u>C</u>
1515 UI	DIVERSIT	DR. Suite	101
CORALS	SPRINGS (City!	FLORIDA 3	3071
For further information concerni	ng this matter, please c	all:	•
LAWRENCE (Name of Person		at ( 954) 340 - (Area Code & Daytime Tele	-4341 ephone Number)
Enclosed is a check for the fol	llowing amount:		
\$125.00 Filing Fee \$130	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ng Address tration Section ion of Corporations Box 6327 nassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
MASTER POOL SOFTWA (Must end with the words "Limited Liability	IXE, LLC.  Iy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1515UNIVERSITY DR. SUITE 101 CORAL SPRINGS, FL 33071	1515 UNIVERSITY DR. SUITE 101 CORMLSPRINGS, FL 33071
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
LAWRENCE Name	ELIAS 1
1515 UNIVERS	SITU DR. SUITE ID I WAS RESS (P.O. Box NOT acceptable)
CORAL SPRINGS City, State, at	
Having been named as registered agent and to a	accent service of process for the above stated limited

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 (REOLIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LAWRENCE ELIÁS  1515 UNIVERSITY DR. STE 101  CORAL SPRINGS, FL 3307)
MGR	MATTHEW ELIAS 1515 UNIVERSITY DR. STE 101 CORAL SPRINGS, FL 33071
MER	STEPHEN ELIAS 1515 UNIVERSITY DR. STE 101 CORALSPRINGS, FL 33071
MGR	KATHLEEN ELIAS 1515 UNIVERSITY DR. STE. 10 CORAL SPRINGS, FL. 33071

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 1 (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.)

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)