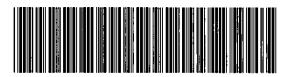
## 108000116322

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100139208051

08 DEC 23 AH IO: 4
DELECTION OF STATE
DIVISION OF SERVICE
DIVISION

08 DEC 23 PH 1: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR DEC 2 3 2008

EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE: 826543 7682534 AUTHORIZATION : COST LIMIT : ORDER DATE: December 15, 2008 ORDER TIME : 9:25 AM ORDER NO. : 826543-001 CUSTOMER NO: 7682534 DOMESTIC FILING NAME: WILLEMS SOFTWARE SERVICES, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
WILLEMS SOFTWARE SERVICES,	
(Must end with the words "Limited Lia	ionity Company, "L.L.C., or "LLC. )
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3223 Dolphin Dr.	Same
Sebring, FL 33870-1058	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registration.)  The name and the Florida street address of the  Corporation Service C  Nam  1201 Hays Street	e registered agent are:
	address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State	e, and Zip
Having been named as registered agent and t	o 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.

Corporation Service Company

BY: /s/ Harry B. Davis

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: "MGR" = Manager "MGRM" = Managing Member MGRM MARIE WILLEMS 3223 DOLPHIN DR SEBRING, FL 33870-1058 MGRM BENJAMIN WILLEMS Same

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (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:**

## /s/ MARIE WILLEMS

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.)

### MARIE WILLEMS

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)