L090000 49076

(Req	questor's Name)
(Add	dress)
(Add	dress)
· (City	//State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
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Special Instructions to Filing Officer:

A. LUNT

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SECRETARY OF STATE

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COVER LETTER

то:	Registration Section Division of Corporati	ons					
SUBJI	ect.	SysTech	Interi	nation	al S-A, L	LC	
SC 50.		Name of Limit			*		
The en	closed Articles of Organi	zation and fee(s) are	submitte	ed for fili	ng.		
Please	return all correspondence	e concerning this mat	ter to the	e followii	ng:		
	·			Boone Person			
		SysTed		rnation	al LLC		
			rinne	ошрану			
		6681 S. (Cotton	wood S	St. Ste 1		
			. Ado	lress			
		Mu	rray, L	JT 841	07		
		Cit	ty/State a	nd Zip Co	de		
	E-ma	karen.boo ail address: (to be used	ne@s	ystech	portal.com	l on)	
For fur	ther information concern				•	,	
	Karen Boo		_ at (801 Area Co) de & Daytime '	265-0099 Telephone Number	
Enclos	sed is a check for the fo	ollowing amount:					
] \$125.		0.00 Filing Fee & ifficate of Status	Ce	rtified C	ing Fee & opy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	&
	Regis Divis P.O.	ing Address stration Section ion of Corporations Box 6327 hassee, FL 32314		Registra Divisio Clifton 2661 E.	Courier Addration Section n of Corporat Building xecutive Cent ssee, FL 3230	tions	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
The name of the Elimica Elability Company	13.	
SysTech Interna	tional S-A, LLC	
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6681 S. Cottonwood St. Ste 1 Murray, UT 84107	6681 S. Cottonwood St. Ste 1 Murray, UT 84107	
Lotha Na 1834 NW Florida street address (I Coral Springs, 3307	r Geilen me / 124th Way P.O. Box NOT acceptable)	
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S	

(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:

	ager anaging Member	Name and Address:	
MGR		Lothar Geilen 1834 NW 124th Way Coral Springs, FL 33071	
		TALLAH AS S	2009 HAY 19
		(1	PM 2: 53
	e date, if other than th	the date of filing: (OP	
CLE V: Effective	e date, if other than the listed, the date must date of filing.)	be specific and cannot be more than five busing	
CLE V: Effective effective date is left of the control of the cont	e date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a member (In accordance with seconds)	per or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)