

**LD9000051685**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

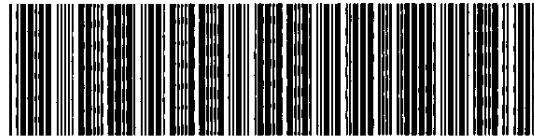
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 MAY 27 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**MAY 28 2009**

**EXAMINER**



2617 Huntingdon Pike  
Huntingdon Valley, PA  
19006-5125  
(215) 887-0200  
[www.sogtlaw.com](http://www.sogtlaw.com)

May 20, 2009

**Florida Department of State**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:            Organization of Wolfsoft Consulting, LLC**

Dear Sir or Madam:

Enclosed for filing are the following:

1.     Articles of Organization for Florida Limited Liability Company
2.     Cover Letter
3.     Registration fee

Kindly process the above and forward confirmation of the filing to my attention. Thank you for your help in this matter.

Very truly yours,

Kathleen A. McClay  
Paralegal

c:     Adam W. Jawer  
       Howard N. Greenberg, Esquire

Kathleen A. McClay

Phone: 215-887-0200 Ext. 178 Fax: 215-884-3500 Email: [kmcclay@sogtlaw.com](mailto:kmcclay@sogtlaw.com)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wolfsoft Consulting, 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:

Kathleen A. McClay

Name of Person

Semanoff Ormsby Greenberg & Torchia, LLC

Firm/Company

2617 Huntingdon Pike

Address

Huntingdon Valley, PA 19006

City/State and Zip Code

kmccclay@sogtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen McClay

Name of Person

at ( 215 ) 887-0200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wolfsoft Consulting, LLC

(Must end with the words "Limited Liability 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:**

311 Hemmingway Court  
Oviedo, FL 32765

**Mailing Address:**

311 Hemmingway Court  
Oviedo, FL 32765

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Adam W. Jawer

Name

311 Hemmingway Court

Florida street address (P.O. Box **NOT** acceptable)

Oviedo FL 32765

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Adam W. Jawer

311 Hemmingway Court

Oviedo, FL 32765

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\_\_\_\_\_

\_\_\_\_\_

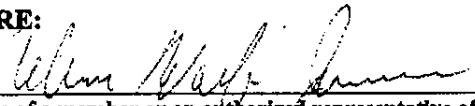
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(Use attachment if necessary)

**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:**

  
\_\_\_\_\_  
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.)

Adam W. Jawer

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)