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

L. SELLERS

JUN 1 2 2009

EXAMINER

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of C	Corporations				
SUBJECT:			soft, LLC		
	Name of Limi	ted Liab	oility Company		
The enclosed Articles	of Organization and fee(s) are	submit	ted for filing.		
Please return all corre	spondence concerning this ma	tter to th	e following:		
	В		Connolly	· · · · · · · · · · · · · · · · · · ·	
		Name	of Person		
		Ironsc	oft, LLC		
		Firm/C	ompany		
	701 V	/ande	baker Road		
		Ad	dress		
	Temple 1	errace	e, Florida 33	617	
	Ci	ty/State	and Zip Code		
	Smar E-mail address: (to be used	del11	@verizon.ne	t itication)	
For further information	n concerning this matter, pleas				
Brenda Connolly Name of Person		_ at (63-5810
Nam	e of Person		Area Code & Da	aytime Tele	phone Number
Enclosed is a check	for the following amount:				
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	- Ce	55.00 Filing Fe ertified Copy Iditional copy is en	bases.	\$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/Couries Registration Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:						
Ironsoft, 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: M	Mailing Address:					
	701 Vanderbaker Road Temple Terrace, Florida, 33617					
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:						
Douglas S. Gregor	ry, P.A.					
Name						
607 West Bay Street						
Florida street address (P.O. Box	NOT acceptable)					
Tampa, Florida 33606 _{FL}						
City, State, and Zip						
Having been named as registered agent and to accep- liability company at the place designated in this co- registered agent and agree to act in this capacity. If	ertificate, I hereby accept the appointment as					

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)

SECREMANY OF STATE

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:

Ittle:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Steven Aaron Mandel
	701 Vanderbaker Road
	Temple Terrace, Florida 33617
MGRM	Brenda Marie Connolly
	701 Vanderbaker Road
	Temple Terrace, Florida 33617
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
(If an effective date is listed, the date m	ust 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 m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
STE	Typed or printed name of signee
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

PILED

SECRETARY OF STATE