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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

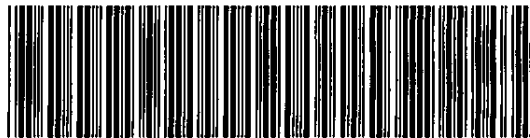
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MAR 19 2010

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10 MAR 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SystemsOne, 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:

JAMES M. GUEST CPA

Name of Person

GUEST, PEAVY, GUEST CPA's & COMPANY

Firm/Company

50 SE KINDRED STREET #303

Address

STUART, FL 34994

City/State and Zip Code

jguest@gpcp.com

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

For further information concerning this matter, please call:

JAMES M. GUEST CPA

Name of Person

at (772)

286-9005

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SystemsOne, 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:

50 SE KINDRED STREET #303
STUART, FL 34994

Mailing Address:

50 SE KINDRED STREET #303
STUART, FL 34994

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:

JAMES M. GUEST CPA

Name

50 SE KINDRED STREET #303

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

STUART, FL 34994

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

THOMAS ARTHUR
4080 SE WHITICAR WAY
STUART, FL 34997

MGR

STANLEY P. WATKINS
14101 PRATOR STREET
ANCHORAGE, AK 99516

MGR

SAM MARTIN
1100 EAST WASHINGTON STREET
ORLANDO, FL 32801

MGR

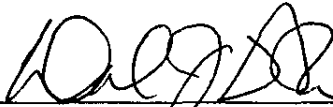
STEVE COMPTON
1811 WESTCHESTER CIRCLE
ANCHORAGE, AK 99517

(Use attachment if necessary) — *See Additional page of members*

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.)

DANIEL J. WEBER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

DANIEL J. WEBER
2242 BLACKJACK OAK STREET
OCOE, FL 34761

MGR

DAVID FOSTER
2194 SE ST. LUCIE BLVD
STUART, FL 34994

MGR

NICHOLE ARTHUR
4080 SE WHITICAR WAY
STUART, FL 34997

MGR

MIKE PERRY
1291 NORTH LAKE SYBELIA DR.
MAITLAND, FL 32715

MGR

GUNNAR STROBEL
1414 WEST 7th AVENUE 1
ANCHORAGE, AK 99501

MGR

KRZYSZTOF BALABAN
16244 SEVELLE PARK CIRCLE
ORLANDO, FL 32801

MGR

DAVID LYON
2610 KELSAN CIRCLE
ANCHORAGE, AK 99508