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EFFECTIVE DATE

DIVISION OF CORPORATION

N. Colligan DEC 20 2010

# **COVER LETTER**

	TO: Registration Section Division of Corporations			
SUBJEC	T. NCog	nition Software, l	LC	
502011		······································	ed Liability Company	
The encl	osed Articles of	Organization and fee(s) are	submitted for filing.	
Please re	turn all corresp	ondence concerning this matt	ter to the following:	
<u>\</u>	<u> Villiam T</u>	andy Grubbs		
			Name of Person	
<u> </u>	<b>NCognitio</b>	on Software, LLC	;	
_			Firm/Company	
	1630 Sea	biscuit Trail		
_			Address	
D	eLand, Fl	_ 32720		
<del></del>			y/State and Zip Code	
<u>ta</u>	andygrubbs	@gmail.com		
		E-mail address: (to be used t	for future annual report notification)	
For furth	er information	concerning this matter, please	e call:	
William Tandy Grubbs at (386 ) 747-7659				
<del></del>	Name o	of Person	Area Code & Daytime Tele	phone Number
Enclose	d is a check fo	r the following amount:		
\$125.00 1	Filing Fee <b>▼</b>	\$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 C Tallahassee, FL 32301	

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

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
NCognition Software, LLC	<b>C</b> .	
(Must end with the words 'Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
1630 Seabiscuit Trail	1630 Seabiscuit Trail	
DeLand, FL 32720	DeLand, FL 32720	<del></del>
	gistered Office, & Registered Agent's Sig own Registered Agent. You must designate an individual of	or another
The name and the Florida street address of the registered agent are:		O CR
William Tandy G	rubbs	ISION OF C
	Name	_ 토.
1630 Seabiscuit Trail		

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..

Florida street address (P.O. Box  $\underline{NOT}$  acceptable)  $_{FL}$  32720

Registered Agent's Signature (REQUIRED)

DeLand

(CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing N	1ember		
MGRM	William Tandy Grubbs		
	1630 Seabiscuit Trail  DeLand, FL 32720		
MGRM	Travis Jon Cossairt		
IVICITAL	726 Oak Shadows Road		
	Celebration, FL 34747		
	·		
(Use attachment if necess	sary)		
ARTICLE V: Effective date, if o	other than the date of filing: January 1, 2011 (OPTION	NAL)	
(If an effective date is listed, the	date must be specific and cannot be more than five business d		or
to or 90 days after the date of fil	ing.)	2	)
		10	350
<u>REQUIRED</u> SIGNATU	JRE:		瓷
$\mathcal{G}_{\mathcal{A}}$	ithin bull the	11	
Signatu	re of a member or an authorized representative of a member.		20 GYC
_	7	<b>⋈</b>	
constitutes an af I am aware that	with section 608.408(3), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State	PM 12: 23	NON.
	rd degree felony as provided for in s.817.155, F.S.)		

William Tandy Grubbs

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)