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; (Re	equestor's Name)	
(Address)		
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EXAMINER



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10 DEC 23 PM 3: 12 SECREJARY OF STATE ALLAHASSEE, FLORID,

Alexander Kleyman 1850 S Ocean Drive Suite 3504 Hallandale Beach Florida 33009 917 882 9344

December 23, 2010

Florida Department of State Division of Corporations Tel 850 245 6851 By Fax 850 245 6030 Attn: Jina

re. Software Development and Management LLC # P05000050581

Dear Jina,

Kindly note that I hereby state that I am a 100% shareholder of Software Development and Management Inc and I hereby grant permission for the use of name and the filing of Software Development and Management LLC.

Sincerely,

9**1**7/882 9344

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: SOFTWARE DEVELOPMENT AND WANAGEMENT LL 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:
Alexander Lleyman Name of Person Alexander Kleyman
Alexandia Kleyman
1850 S. Och A DR. Mile 3504
HAMAJAME BELLEY FL 33009 City/State and Zip Code
City/State and Zip Code KLYMANCPA ADL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alaxander Kleyman at (917) 882 9344 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOFTWARE SEVE SPM2 ST	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
YNTE 3 TOY HALLANDALE BEACH FL 33209	1850 S. Ocaph Dr. Suite 3504 Hallado Ale Beary FL 33009
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature of the street Agent. You must designate an individual or another companies and agent are:
The name and the Florida street address of the registered agent are: Alexander Klzyman Name 1850 S. Ocaal D. Anitz 3504 Florida street address (P.O. Box NOT acceptable) Hallander Brace, 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)
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Alexander Klayman 1350 S. Ocean Dr. Britz 350 + 14/14/194/2 Beach FC 33009
· -	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a membe	er or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)