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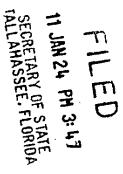
(Requestor's Name)
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J. BRYAN
JAN 2 5 2011
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Prome	theus Solutions,	LLC		
		ed Liability Compa	апу	
The enclosed Articles of (Organization and fee(s) are	submitted for filing	σ	京 二
	_		_	JAN 24 PH 3: 4
Please return all correspo	ndence concerning this matt	er to the tottowing	<u>;</u> :	12 P. C.
George S	cott Allen III, CF	PA		Erion 3
		Name of Person		FE OF SIA
				ROTE
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		<u> </u>
6760 Burr	Oak Drive			
-		Address		
Plano, TX 7	′ 5023			
		y/State and Zip Code		
gsallen3@ya	hoo.com			
	E-mail address: (to be used f	or future annual repo	ort notification)	
For further information co	oncerning this matter, please	call:		
George Scott Alle	n III, CPA	at (214	732-4464	
Name of	Person	Area Code & Daytime Telephone Number		phone Number
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co (additional cop	ру	\$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	Registrati Division Clifton E 2661 Exe	purier Address ion Section of Corporation Building ecutive Center (see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prometheus Solutions, 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:	Mailing Address:			
Prometheus Solutions, LLC	Attn: George Scott Allen III, CPA			
5033 Thymeleaf Court	Prometheus Solutions, LLC			
Melbourne, FL 32940	6760 Burr Oak Drive, Plano, TX 75023			

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:

Attn: Scott Allen / F	rometheus Solutions, LLC
	Name
5033 Thymele	eaf Court
Florida str	reet address (P.O. Box NOT acceptable)
Melbourne	_{FL} 32940
(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)

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

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

"MGR" = Manager	For I	
"MGRM" = Managing Member		是24
MGRM	Klaus Buzzi	22
	5033 Thymeleaf Court	× 4
	Melbourne, FL 32940	JAN 24 KIN OF STAT
MGRM	George Scott Allen III, CPA	SE SE
	6760 Burr Oak Drive	-
	Plano, TX 75023	
		
		
		_
		<u> </u>
(Use attachment if necessary)		
(Obo ataomient it necessary)		
	e date of filing: (OPTI	
fective date is listed, the date must be days after the date of filing.)	pe specific and cannot be more than five busines	s days
days after the date of fining.)		
REQUIRED SIGNATURE:		

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

George Scott Allen III, CPA

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)