Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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L. SELLERS

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone Fax Number : (800)342-9856 ; (800)354-3381

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## FLORIDA LIMITED LIABILITY CO.

pioneer technology solutions llc

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Corporate Filing Menu

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Oct. 23. 2012 4:02PM H120000355975 3) No. 9989 P.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Roneer Technology Solutions LLC  (Must end with the words "Littled Liability Company," Littled Company" or their abbreviation "LLC." or "L.C.")
(Must end with the wards "Limited Liability Company", "Limited Company" or their abbreviation "LLC." or "L.C)  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Myany PL 3312 6  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:
CHETAN ARORA
1533 NORTHWEST 19th AVENUE
Florida street address (P.O. Box NOT acceptable)
MIAMI PL 3312-Co
Having been named as registered agent and to accept service of process for the above stated limited liability common at the place designated in this certificate. I becally accept the appointment as

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 your Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

CT 23 AH IO: 49 REFARY OF STATE WHASSEE FLORIDA

CH12000255975 3)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CHETAN ARORA  1533 Northwest 79" Menue  Mami FL 33126
MORM	KARAN SABNENI 1533 Northwest 790 Avenu Miami, FL 33/26
(Use attachment if necessary)	
LF. V: Effective date, if other than il flective date is listed, the date must days after the date of filing.)	be specific and caunot be more than five business day
<u>REQUIRED</u> SIGNATURE:	
	A.
	ber or an authorized representative of a member.
(In accordance with a	section 608.408(3), Florida Statutes, the execution stitutes on affirmation under the penalties of periors

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