

JUN. 27. 2014 3:36PM

JONES FOSTER 561 650 0435

NO. 3237

P. 1
Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000155308 3)))



H140001553083ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: h.phillips@jonesfooster.com

RECEIVED

14 JUN 27 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
SYSTECON NORTH AMERICA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
TALLAHASSEE, FLORIDA

14 JUN 27 PM 3:15

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
SYSTECON NORTH AMERICA, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 605, Laws of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is **SYSTECON NORTH AMERICA, LLC.**

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

14255 U.S. Highway One, Suite 228
Juno Beach, FL 33408

**ARTICLE III
Registered Agent and Registered Office**

The name and the Florida street address of the Registered Agent are:

JONES FOSTER SERVICE, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, FL 33401

**ARTICLE IV
Manager or Authorized Member**

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title:	Name and Address:
Manager	Jolie Y. Woodard 130 Andros Harbour Place Jupiter, FL 33458

FILED
14 JUN 27 PM 3:15
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE V
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date: June 27, 2014



TASHA K. DICKINSON,
Authorized Representative

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That **SYSTECON NORTH AMERICA, LLC** desiring to organize under the laws of the State of Florida, has named **JONES FOSTER SERVICE, LLC**, located at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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 605, F.S.

JONES FOSTER SERVICE, LLC, Registered Agent

By

TASHA K. DICKINSON, Manager

P:\DOCS\27242\00001\DOC\1JO0356.DOC

16 JUN 27 AM 0115
ILLINOIS 001000Z