

U500 0044112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

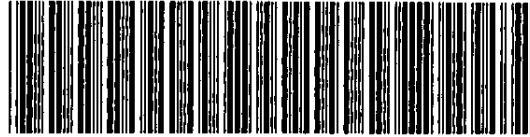
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/23/15--01054--019 **125.00

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TALLAHASSEE FLORIDA

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

ROGER JONSSON
23191 FASHION DR SUITE 309
ESTERO, FL 33928

SUBJECT: INTEGRATED ERP SYSTEMS GROUP, LLC
Ref. Number: W15000014298

We have received your document for INTEGRATED ERP SYSTEMS GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00004103

LLC Articles Filing Letter

To:
Registration section
Division of corporations
PO Box 6327
Tallahassee, FL 32314

Subject: INTEGRATED ERP SYSTEMS GROUP, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROGER JONSSON
INTEGRATED ERP SYSTEMS GROUP, LLC
23191 FASHION DR SUITE 309
ESTERO, FL 33928

For further information concerning this matter, please call:

Roger Jonsson at (239) 565-8012 (daytime telephone number)

Enclosed is a check in the amount of \$125.00, made payable to Florida Department of State, for total filing and processing fees.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRATED ERP SYSTEMS GROUP, 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:

INTEGRATED ERP SYSTEMS GROUP, LLC
23191 FASHION DR SUITE 309
ESTERO, FL 33928

Mailing Address:

INTEGRATED ERP SYSTEMS GROUP, LLC
23191 FASHION DR SUITE 309
ESTERO, FL 33928

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:

ROGER JONSSON

Name

23191 FASHION DR SUITE 309

Florida street address (P.O. Box **NOT** acceptable)

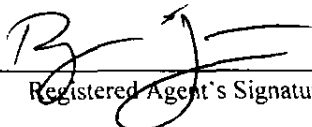
ESTERO

City

FL 33928

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA
CLERK OF COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ROGER JONSSON

23191 FASHION DR SUITE 309

ESTERO, FL 33928

MGR

PATRICK J. MCGOVERN

132 CLEVELAND DR

TONAWANDA, NY 14223

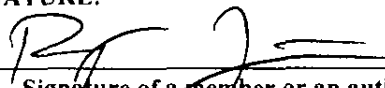
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 20, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.

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.)

ROGER JONSSON

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)

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15 FEB 23 AM 9:22
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA