

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L18000069434
FILED 8:00 AM
March 16, 2018
Sec. Of State
tscott**

Article I

The name of the Limited Liability Company is:

SYSTEMS OF CARE TECHNOLOGY SOLUTIONS, LLC

Article II

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

2301 W. EAU GALLIE BLVD.
STE. 4
MELBOURNE, FL. UN 32935

The mailing address of the Limited Liability Company is:

2301 W. EAU GALLIE BLVD.
STE. 4
MELBOURNE, FL. UN 32935

Article III

Other provisions, if any:

THE PURPOSES OF THIS COMPANY ARE TO DEVELOP, MARKET AND
SUPPORT SOFTWARE FOR USE BY HUMAN SERVICES AGENCIES.

Article IV

The name and Florida street address of the registered agent is:

NATIONAL CENTER FOR INNOVATION AND EXCELLE
2301 W. EAU GALLIE BLVD.
STE. 4
MELBOURNE, FL. 32935

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.

Registered Agent Signature: JAMES CARLSON

Article V

The name and address of person(s) authorized to manage LLC:

Title: AR
JAMES CARLSON
2301 W. EAU GALLIE BLVD.
MELBOURNE, FL. 32935 UN

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Signature of member or an authorized representative

Electronic Signature: JAMES CARLSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.