## 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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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. . . .

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (3<del>0</del>5)552-5973 Fax Number : (305)675-5944

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

Email	Address:		

## FLORIDA LIMITED LIABILITY CO. THE SOFTWARE SUPPLY, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Software Supply, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Company is:	ed Liability	
3982 NE 13TH Dr Homestead 71 33033		
		<u> </u>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Lim Company cannot serve as its own Registered Agent. You must designate an individual or another business end with an active Florida registration.)	ited Liability	
Rolando Garlas Carta Suarez		
3982 NE 13 DR		
HOMESTEAD FL 33033		<del></del>
ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR)	nited	
Rolando Carlos Carta Suarez (AMBR)	2019 SEC	
Pedro Ernesto Mas Valdivia (AMBR)	HAR.	
Patricia Gallego Garaa (AMBR)	ZSA A	
Ivette Conzález Iglesias (AMBR)	AH 9: OF ST SEE, E	
	- <del>2</del> <del>2</del>	<del></del>

## Required Signatures:

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, P.S.

Typed or printed name of signee

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..

ed Agent's Signature (REQUIRED)