# 96000000466

### INTERNATIONAL COMPANY SERVICES (USA) INC.

Providing International Business Consulting since 1979

Atlantic Professional Building 1591 East Atlantic Blvd. Suite 200 Pompano Beach, Florida U.S.A. 33060

Telephone:

(305) 943-1498

Facsimile:

(305) 943-1499

April 2, 1996

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

200001771282 -04/05/96--01082--009 \*\*\*\*337.50 \*\*\*\*337.50

TIO TOP RE: ABACUS SOFTWARE LLC

Dear Sir/Madam:

Enclosed please find the Articles of Organization for Limited Liability Company of ABACUS SOFTWARE LLC and a check in the amount of \$337.50 to cover the filing fees and obtain one certified copy of the Articles.

We look forward to hearing from you soon.

Yours truly,

Jerry Bakerjian,

Accountant

The lope

JB/ab Enc. W96-4992

96 APR 24 PN 1:0 SECRETARY OF STAT



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1996

JERRY BAKERJIAN, ACCOUNTANT INTERNATIONAL COMPANY SERVICES (USA) INC 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH, FL 33060

SUBJECT: ABACUS SOFTWARE LLC

Ref. Number: W96000007792

We have received your document for ABACUS SOFTWARE LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 996A00016513

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Solar Pallog

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIP TOP SOFTWARE LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company

> 1591 E. Atlantic Blvd. Suite 200 Pompano Beach, FL 33060

**ARTICLE III - Duration:** The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:
(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

> THEUNS BOTHMA 37 BAY STATE ROAD #6 BOSTON, MA 02215

37 BAY STATE ROAD #6 BOSTON, MA 02215

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

> THEUNS BOTHMA 37 BAY STATE ROAD #6 BOSTON, MA 02215

ESME CREMER 37 BAY STATE ROAD #6 BOSTON, MA 02215

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

96 APR 24 PH 1:03

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	Jerry B	(Nam		uncanc ————
1591	East Atla	ntic Bl	/d	Suite 200
•	(P.	O. Box mat	sccopiabl	•)
Pompar	o Beach	Florida	3306	0
-	-	(City/State	/Zig)	

The name of the limited liability company is:\_\_\_\_

1.

FILING FEE: \$35 for Designation of Registered Agent

(Signature)

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED

The undersigned member or authorized representative of a member of the the undersigned member or authorized representative of a member of the the undersigned member or authorized representative of a member of the undersigned to the undersigned member of the undersigned member o

Signature of a member or authorized representative of a member.

(In accordance with section 508.408(3), Florida Statutes, the smoution of this affidavit constitute an affirmation under the possibles of perjury that the facts stated berein are true.)