

L990000006558

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-10/07/99--01079--009

****285.00 ****125.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AS SOFT SOLUTION PROVIDER, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

refund ap. sent w/ ack letter

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT -7 PM 1:02 99 OCT -7 AM 11:44

FILED RECEIVED

10/11

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 7, 1999

LAZARUS

SUBJECT: AS SOFT SOLUTION PROVIDER, L.L.C.
Ref. Number: W99000023211

We have received your document for AS SOFT SOLUTION PROVIDER, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the Affidavit of Membership and Contributions from the document, it is no longer required.,

Please return 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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 999A00048715

RECEIVED
99 OCT -8 AM 11:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 8, 1999

LAZARUS

SUBJECT: AS SOFT SOLUTION PROVIDER, L.L.C.
Ref. Number: W99000023211

We have received your document for AS SOFT SOLUTION PROVIDER, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a Member or and Authorized Representative.,

Please return 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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 999A00048715

RECEIVED
99 OCT 11 AM 11:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AS SOFT SOLUTION PROVIDER, L.L.C.

ARTICLE II - Address:

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

915 South Shore Drive
Miami Beach, Florida 33141

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Hernan Acosta
915 South Shore Drive
Miami Beach, Florida 33141

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

ARTICLE V- Admission of additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

DETERMINED BY A MAJORITY OF THE VOTING MEMBERS

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TALLAHASSEE FLORIDA

ARTICLE VI - Members Rights to Continue Business:

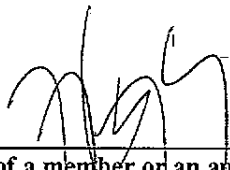
The right. If given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

DETERMINED BY A MAJORITY OF THE VOTING MEMBERS.

ARTICLE VII - Affidavit of Membership and Contributions:

The undersigned member or authorized representative of member of _____
_____ certifies:

- 1) the above named limited liability company has at least one member:
- 2) the total amount of cash contributed by the member(s) is \$ _____;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be Contributed by member(s) is \$ _____.

X 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HERNAN ACOSTA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: _____
AS SOFT SOLUTION PROVIDER, L.L.C.

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

HERNAN ACOSTA

NAME

915 South Shore Drive

Florida street address (P.O. Box NOT ACCEPTABLE)

M.B. FL 33141

CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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OCT -7 PM 1:02
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TALLAHASSEE FLORIDA