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EXAMINER



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11 DEC 16 PM 32 27



ACCOUNT NO. : 12000000195

REFERENCE :

026384

7438283

AUTHORIZATION

COST LIMIT

ORDER DATE: December 14, 2011

ORDER TIME : 11:20 AM

ORDER NO. : 026384-005

CUSTOMER NO: 7438283

FOREIGN FILINGS

NAME: PAMET SOFTWARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations		*	676	
J BJEC	T: Pamet Software, LLC			5.16 8v	
		ame of Limited Liability Comp	pany	1	
	osed "Application by Foreign Limited Lia c, and check are submitted to register the a				
ease ret	turn all correspondence concerning this m	natter to the following:			
	Denise Straub				
		Name of Person			
	Parnet Software, LLC				
		Firm/Company			
	1 Cabot Road, Suite 220				
		Address			
	Hudson, MA 01749	Hudson, MA 01749			
		City/State and Zip Code			
	· · · · · · · · · · · · · · · · · · ·	dstraub@archonixsystems.com			
	E-mail address:	(to be used for future annual re	eport notification)		
or furthe	er information concerning this matter, ple	ase call:			
I	Denise Straub	at (856	, 787-0020 x2120		
_	Name of Person	Area Code & Daytime	Telephone Number	-	
] []	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle		
	d is a check for the following amore \$125.00 Filing Fee \$\infty\$\$\$\$130.00 Filing F Certificate of Sta	ee & S155.00 Filing Fee	& []\$160.00 Filing Fee, Certific of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Pamet Software, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Massachuttes (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. 11/21/08 Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 1 Cabot Road, Suite 220, Hudson, MA 01749 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Anthony Graham, 401 Route 73 North, Suite 105, 30 Lake Center, Marlton, NJ 08053 Denise Straub, 401 Route 73 North, Suite 105, 30 Lake Center, Marlton, NJ 08053 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Install Police Records Management Software at Lee County Airport Police Department Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Anthony Graham

(In accordance with section 608.408(3), F.S., 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.)

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	he Limited Liability Compa	any is:		
Pamet Software	LLC			
If unavailable, th	e alternate to be used in the	state of Florida is:		
2. The name and	the Florida street address of	of the registered agent and office are:		
(Corporation Service Compar	ny		
•	(Name)			
1	1201 Hays Street			
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
-		City/State/Zip		
liability company agent and agree t relating to the pro obligations of my	at the place designated in th o act in this capacity. I furth oper and complete performa	o accept service of process for the above stated limited its certificate, I hereby accept the appointment as registered aer agree to comply with the provisions of all statutes acce of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.		
<u>B</u>	y: Stephanie Milnee	Stephanie K. Milnes ssistant Vice President		
	\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent		

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02133

December 14, 2011

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

PAMET SOFTWARE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 21, 2008.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing arc: ANTHONY GRAHAM, DENISE STRAUB

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ANTHONY GRAHAM, DENISE STRAUB

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ANTHONY GRAHAM, DENISE STRAUB



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Francis Galein