

205000026762

Florida Department of State
Division of Corporations
Public Access System

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.

((H05000065267 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FILED
05 MAR 16 AM 9:59
TALLAHASSEE, FLORIDA

RECEIVED
05 MAR 16 PM 2:46
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Strom Consulting, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

DB
3-17-05

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name:

The name of the Limited Liability Company is: Strom Consulting, LLC

ARTICLE II

Address:

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

c/o Mr. John Radick
10505 Wayzata Boulevard
Minnetonka, Minnesota 55343

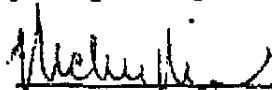
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

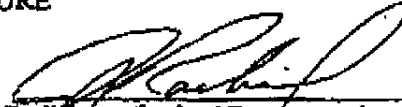
Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.



signature of registered agent.

**Michele Miller
Assistant Secretary**

REQUIRED SIGNATURE



John Radick, Authorized Representative of a Member
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

QP:167606 v2

FILED
05 MAR 16 AM 9:59
TALLAHASSEE FLORIDA
SECRETARY OF STATE