

LO8000112419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

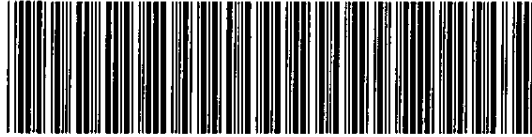
Special Instructions to Filing Officer:

A. LUNT

DEC -9 2008

EXAMINER

Office Use Only



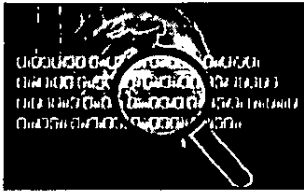
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 PM 4:06

FILED



DIGITAL FORENSICS CERTIFICATION BOARD

UCF Research Foundation
12201 Research Parkway, Suite 501
Orlando, FL 32826-3246
Attn:DFCB

November 25, 2008

Florida Department of State
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Greetings:

Enclosed you will find the Digital Forensic Certification Board's application of to become a Limited Liability Corporation, LLC. Also included is a check for the Filing Fee of \$125.00.

We would be please to have the application approved as soon as possible. Business is waiting!

Regards,

Carrie M. Whitcomb
Registered Agent, pending

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Digital Forensics Certification Board, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12354 Research Parkway, Suite 224
Orlando, FL 32826

Mailing Address:

12201 Research Parkway, Suite 501
Orlando, FL 32826-3246

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TALLAHASSEE FLORIDA

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carrie M. Whitcomb
Name

12354 Research Parkway, Suite 224
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32826 FL
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 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..

Carrie M. Whitcomb
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Managing Member

Sam Guttman,
12354 Research Parkway, Suite 224
Orlando, FL 32826

Managing Member

Mark Pollitt,
12354 Research Parkway, Suite 224
Orlando, FL 32826

Managing Member

Howard Ommert,
12354 Research Parkway, Suite 224
Orlando, FL 32826

Managing Member

Jeff Cable,
12354 Research Parkway, Suite 224
Orlando, FL 32826

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

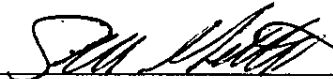
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Sam Guttman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)