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Account Name : BUSINESS FILINGS  
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LIMITED LIABILITY COMPANY

Investigative Analysis LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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00 SEP -8 PM 12:00  
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KATHERINE HARRIS

H000000471219

**ARTICLES OF ORGANIZATION  
OF  
Investigative Analysis LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Investigative Analysis LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 2429 Bucknell Dr. , Valrico, Florida 33594.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Thomas E. Santarlas, 2429 Bucknell Dr. , Valrico, Florida 33594. Located in the County of Hillsborough.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2040.

**ARTICLE V MANAGERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is;  
Thomas E. Santarlas, P. O. Box 2542, Valrico, Florida 33595

Rest  
Richard Oster, Authorized Representative

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.

(608) 827-5300.

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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, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Investigative Analysis LLC**

The name and address of the registered agent and office is Thomas E. Santarlas, 2429 Bucknell Dr. , Valrico, Florida 33594. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature: Thomas E. Santarlas  
Thomas E. Santarlas

Date: August 24, 2000

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Thomas E. Santarlas

Date: August 24, 2000

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