Usite I Re 2012 She Oldsman City/State	FL 34677	52
CORPORATION 1. TARGET (Conj	Office I NAME(S) & DOCUMENT NUMBER(S), (if known) Pescarch LLC poration Name) (Document #)	Use Only
3(Con	poration Name) (Document #)	VIDIV.
☐ Walk in	Pick up time Certificate of AMENDMENTS (Document #) (Document #) (Certified Cop	SION OF CONFORMA SION O
Profit NonProfit Limited Liability Domestication	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	APPROVEE AND FILED DEC 18 PM 1: 07 RETARY OF STATE WHASSEE, FLORIDA TION
Other OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	35039243 18/0001067023 *130.00 ****130.00
Name Reservation	Reinstatement Trademark Other	

Examiner's Initials

2-18-00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TARGET RESEARCH, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2012 Sheffield Ct., Oldsmar, FL 34677

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

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

Victor Guadagno	o
	Name
2012 Sheffield	Ct
Florida street address	(P.O. Box NOT acceptable)
01dsmar	FL 34677
01dsmar	0//277

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..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

OO DEC 18 PM 1:07
SECRETARY OF STATE
TALLAHASSEF, FI ORINA

APPRUYE! AND FILED