

April 10, 2001

LOI 00000000692

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

4/30

MJH

W01-8641

900003994809--7  
-04/12/01--01085--010  
\*\*\*\*125.00 \*\*\*\*125.00

00789-01122 - 00623-00671

Dear Sir or Madam:

Enclosed please find an application for R Squared Management LLC and check for \$125 for the filing fee and the designation of registered agent fee.

My address is 8511 Palm Trace Drive, #101, Tampa FL 33614 and my daytime telephone number is (813) 215-7721 or (813) 877-5713.

If you have any questions or require further information please call me at either above number.

Thank you very much.

Sincerely,



Robert P. Lennon, JD

FILED  
01 APR 30 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 17, 2001

ROBERT P. LENNON, JD  
8511 PALM TRACE DRIVE, #101  
TAMPA, FL 33614

SUBJECT: R SQUARED MANAGEMENT LLC  
Ref. Number: W01000008641

We have received your document for R SQUARED MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 501A00022680

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

**ARTICLE I - Name:**

**R Squared Management LLC**

**ARTICLE II - Address:**

**Street Address:**

**8511 Palm Trace Drive, #101  
Tampa, FL 33614**

**Mailing Address:**

**8511 Palm Trace Drive, #101  
Tampa, FL 33614**

**Article III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**Robert P. Lennon**

**8511 Palm Trace Drive, #101  
Tampa, FL 33614**

*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.)**

**NOT APPLICABLE.**



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.)

**Robert P. Lennon**

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)**

**FILED**  
**01 APR 30 PM 4:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**