

LO2000020840

WILLIAM WOODYARD

Requester's Name

P.O. Box 10907

Address

TALLAHASSEE, FL 32302-2907

City/State/Zip

Phone #

850-264-1938

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ATMOSPHERIC PREDICTION SYSTEMS, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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****125.00 ****125.00

☒ Walk in

☐ Pick up time

☐ Certified Copy

☒ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Service

NEW FILINGS

☐ Profit
☒ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

Name Availability 02/15/02

Document Examiner ☐ Annual Report

Updater ☐ Fictitious Name

Updater Verifier DCC

Acknowledgement DCC

W. P. VERIFIER (7/97) DCC

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

FILED
02 AUG 15 PM 2:40
SECRETARY OF STATE
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: **ATMOSPHERIC PREDICTION SYSTEMS, LLC**

ARTICLE II - Address:

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

2626 PARK AVE #15106 TALLAHASSEE, FLORIDA

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

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

THOMAS CARLISLE
Name
2626 PARK AVE #15106
Florida street address (P.O. Box **NOT** acceptable)
TALLAHASSEE FL 32301
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..

Thomas J. Carlisle
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)

Thomas J. Carlisle
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.)

THOMAS J. CARLISLE

Typed or printed name of signer

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
02 AUG 2007
PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA