

L02000028990

(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:

Office Use Only



800008634338

10/30/02--01088--001 **160.00

FILED
02 OCT 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/31/02

QUALITY RISK ANALYSTS, LLC

Risk Assessment and Management Services

DONNA B. JONES
OPERATING MANAGER

D. SCOTT JONES, CHC
SENIOR RISK ANALYST

October 27, 2002

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245 6051

To Whom It May Concern::

Attached are Articles of Organization and Operating Agreement to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes along with a check in the amount of One Hundred Sixty Dollars (\$160) to cover the following:

- Filing Fee for Articles of Organization
- Designation of Registered Agent
- Certified Copy
- Certificate of Status

Please file the information and send the certified copy, certificate of status, and letter of acknowledgment to me at:

105 Jyro Lane
Carencro, LA 70520

OR if Florida address is required:

462 Parish Blvd.
Mary Esther, FL 32569

I may be reached at 337 896 0590.

Sincerely,



Donna B. Jones
Operating Manager

FILED
02 OCT 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOUISIANA OFFICE:
105 JYRO LANE
CARENCRO, LOUISIANA 70520

FLORIDA OFFICE:
462 PARISH BOULEVARD
MARY ESTHER, FLORIDA 32569

TELEPHONE NUMBERS: 337.896.3992 / 214.632.5148 / 469.766.1786

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is QUALITY
RISK ANALYSTS, LLC

ARTICLE II - Address: The mailing address and street address of the
principal office of the Limited Liability Company is:

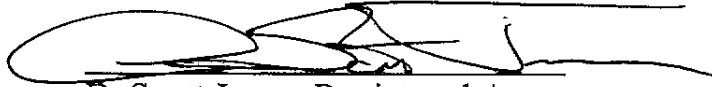
Mailing Address: 105 Jyro Lane
Carencro LA 70520

Street Address: 462 Parrish Point Boulevard
Mary Esther FL 392569-0000

ARTICLE III - Registered Agent, Registered Office & Registered Agent's
Signature: The name and the Florida street address of the
Registered Agent are:

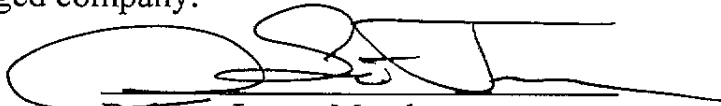
D. Scott Jones
462 Parrish Point Boulevard
Mary Esther FL 392569-0000

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.



D. Scott Jones, Registered Agent

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



D. Scott Jones, 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.



D. Scott Jones, Member

FILED
02 OCT 30 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA