

W03 0000 32857

(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



900022606119

08/28/03--01067--006 **130.00

08/28/03--01067--007 **25.00

RECEIVED
STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
SALES TAX DIVISION
CREDIT

W03-32857
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ichthyological Research, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Shenker
(Name of Person)

(Firm/Company)

3617 Eagle Nest Court
(Address)

West Melbourne, FL 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Johnson at (321) 253-1667
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SEP 11 2009
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ichthyological Research, LLC

ARTICLE II - Address:

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

Principal Office Address:

3617 Eagle Nest Court

Melbourne, FL 32904

Mailing Address:

Same

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

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

William A. Johnson, P.A.

Name

21 Suntree Place, Suite 100

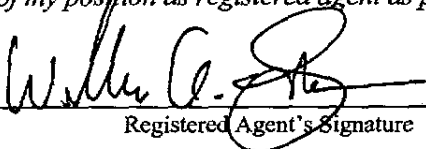
Florida street address (P.O. Box **NOT** acceptable)

Melbourne

FL 32940

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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jonathan M. Shenker

3617 Eagle Nest Court

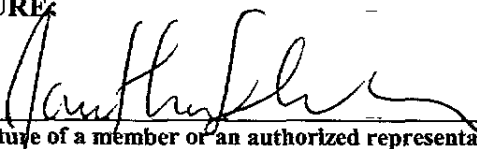
Melbourne, FL 32904

Jonathan Shenker

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Jonathan Shenker

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
CORPORATION DIVISION
MAY 19 2011
MELBOURNE, FLORIDA