

LO400000 1554

(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



700025880547

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 31 PM 4:51

FILED

12/31/03--01009--002 **125.00

Withrow, McQuade & Olsen, LLP

ATTORNEYS AT LAW

404.814.5913
talexander@wmlaw.com

December 30, 2003

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

FILED
03 DEC 31 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: *Florida limited liability company (the "Company")*

Dear Sir or Madam:

Enclosed for filing in your office is (i) one (1) original and one (1) copy of the Articles of Organization for the Company; (ii) the original transmittal letter; and (iii) a check in the amount of \$125.00 in payment of the filing fees for the Articles of Organization and Designation of Registered Agent. Please process the enclosed and return the Letter of Acknowledgment to me at the address listed below.

Thank you for your assistance in this matter. Should you have any questions, please contact me at the number and email address listed above.

Sincerely,



Tara L. Alexander
Paralegal

Enclosures

cc: Scott C. Withrow, Esq. (w/o enclosures)
Michael Valletutti (w/ enclosures)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSPECTIVE LABS, 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:

Tara L. Alexander
(Name of Person)

Withrow, McQuade & Olsen, LLP
(Firm/Company)

3379 Peachtree Road, Suite 970
(Address)

Atlanta, Georgia 30326
(City/State and Zip Code)

FILED
03 DEC 31 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott C. Withrow, Esq. at (404) 814-0037
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERSPECTIVE LABS, LLC

ARTICLE II - Address:

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

Principal Office Address:

5575 South U.S. 1

Rockledge, Florida 32955

Mailing Address:

5575 South U.S. 1

Rockledge, Florida 32955

03 DEC 31 PM 4:51
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

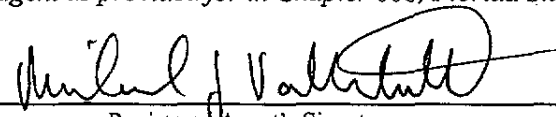
The name and the Florida street address of the registered agent are:

Michael J. Valletutti
Name

5575 South U.S. 1
Florida street address (P.O. Box **NOT** acceptable)

Rockledge, FLORIDA 32955
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, Florida Statutes..


Registered Agent's Signature

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

Michael J. Valletutti

5575 South U.S. 1

Rockledge, Florida 32955

(Use attachment if necessary)

FILED
03 DEC 31 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Tara Alexander

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.)

Tara L. Alexander

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)