
(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

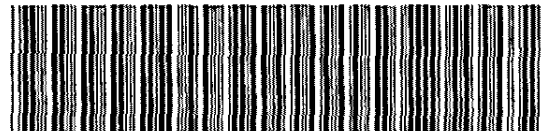
Jennifer GAVE

AUTHORIZATION BY PHONE TO

CORRECT eff. date from 5/1 to 5/3

DATE 05/18/04 @ 2:19 am

DOC. EXAM J. Bryan



000035768990

05/10/04--01052--008 **125.00

J. BRYAN MAY 19 2004

LAIRD A. LILE, P.A.
ATTORNEY AND COUNSELLOR AT LAW
250 Bahia Point
Naples, Florida 34103

Laird A. Lile, Esq.
*Board Certified Attorney in
Wills, Trusts & Estates Law
Fellow of American College
of Trust and Estate Counsel*

Telephone 239.649.7778
Facsimile 239.649.7780
LLile@LairdALile.com
<http://www.LairdALile.com>

May 5, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Limited Liability Company Filing
Research Project, LLC

Dear Sir/Madam:

The enclosed Articles of Organization and fees are submitted for filing to create the referenced Florida Limited Liability Company.

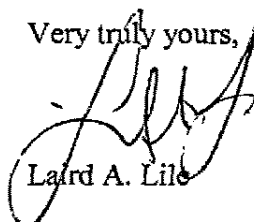
Please return all correspondence concerning this matter and any questions concerning these documents to:

Laird A. Lile, Esq.
250 Bahia Point
Naples, FL 34103

239.649.7778 office line
239.649.7780 facsimile line
LLile@LairdALile.com

Thank you for your assistance with this matter.

Very truly yours,



Laird A. Lile

Enclosures

**ARTICLES OF ORGANIZATION
FOR
RESEARCH PROJECT, LLC
A Florida Limited Liability Company**

ARTICLE I - Name. The name of the Limited Liability Company is Research Project, LLC.

ARTICLE II - Address. The mailing address and street address of the principal office of the Limited Liability Company are both 250 Bahia Point, Naples, FL 34103.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature.
The name and the Florida street address of the registered agent are Laird A. Lile, 250 Bahia Point, Naples, FL 34103.

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.

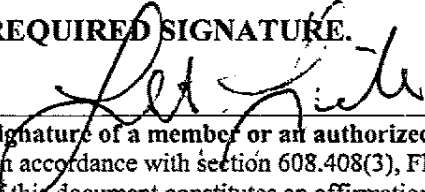


Registered Agent's Signature

ARTICLE IV - Managing Member. The name and address of the managing member (who is the sole member of this single member LLC) is Laird A. Lile, 250 Bahia Point, Naples, FL 34103.

ARTICLE IV - Effective Date. This Limited Liability Company shall be effective as of May 3, 2004.

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.)

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)