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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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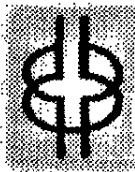
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## INSTITUTE FOR RESEARCH, EVALUATION & POLICY ANALYSIS

### COVER LETTER

Kurt B. Young, Ph.D.  
IREPA - Data Contacts, LLC  
3406 N. Avon Avenue  
Tampa, Florida  
33603

August 4, 2004

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

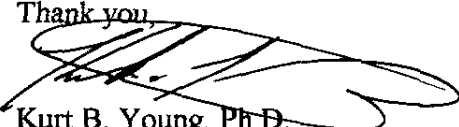
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TALLAHASSEE, FLORIDA

Dear Madam or Sir:

Please accept this application for incorporation with the State of Florida. The name of the entity is **IREPA - Data Contacts, LLC**. The mailing address and daytime telephone number is as follows:

P.O. Box 616953  
Orlando, Florida  
32861-6953  
(407) 230-5603

Thank you,

  
Kurt B. Young, Ph.D.

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P.O. 616953  
Orlando, Florida  
32861-6953  
Phone: 407-230-5603  
Email: [kurtbyoung@yahoo.com](mailto:kurtbyoung@yahoo.com)

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3406 N. Avon Ave  
Tampa, Florida  
33603  
Phone: 813-229-0969  
Email: [lena.young2@verizon.net](mailto:lena.young2@verizon.net)

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IREPA - DATA CONTACTS, 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:

KURT B. YOUNG  
(Name of Person)

IREPA - DATA CONTACTS, LLC  
(Firm/Company)

P.O. Box 616953 ORLANDO FL 32861-6953  
(Address)

ORLANDO FLORIDA 32861-6953  
(City/State and Zip Code)

For further information concerning this matter, please call:

KURT B. YOUNG at (407) 230-5603  
(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

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**IREPA - DATA CONTACTS, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I: NAME**

The name of this Limited Liability Company shall be:  
**IREPA - Data Contacts, LLC.**

**ARTICLE II: ADDRESS**

The mailing address and the street address of the principal office of IREPA - Data Contacts, LLC shall be as follows until otherwise changed by the Members:

**Principal Office Address:**

3406 N. Avon Avenue  
Tampa, Florida  
33603

**Mailing Address:**

P.O. Box 616953  
Orlando, Florida  
32861-6953

### **ARTICLE III: REGISTERED AGENT & REGISTERED OFFICE**

The Principal Agent and Address of IREPA - Data Contacts, LLC shall be as follows until otherwise changed by the Members:

**Name:**

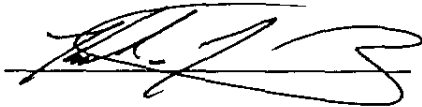
Kurt B. Young

**Address:**

3406 N. Avon Avenue  
Tampa, Florida  
33603

*Having been named as registered agent and to accept services 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 Signature:**



**Date:**

8/4/04

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FLORIDA

### **ARTICLE IV: MANAGERS & MANAGING MEMBERS**

The management and operations of the Limited Liability Company shall be conducted as follows:

**Title:**

MGR

**Name:**

Kurt B. Young

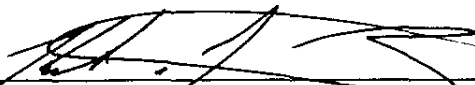
**Address:**

3406 N. Avon Avenue  
Tampa, Florida  
33603

MGRM

Lena Young-Green

3406 N. Avon Avenue  
Tampa, Florida  
33603

  
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.)

KURT B. YOUNG

Typed or printed name of signee

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