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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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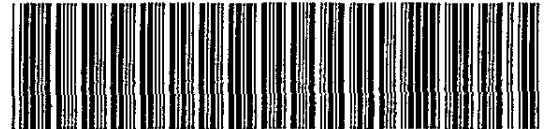
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

605-4020
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE INSTITUTE FOR RESEARCH, EVALUATION AND POLICY ANALYSIS, 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
(Firm/Company)

P.O. BOX 616953
(Address)

ORLANDO, FL 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

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INSTITUTE FOR RESEARCH, EVALUATION & POLICY ANALYSIS

COVER LETTER

Kurt B. Young, Ph.D.
Institute for Research, Evaluation & Policy Analysis
3406 N. Avon Avenue
Tampa, Florida
33603

January 4, 2005

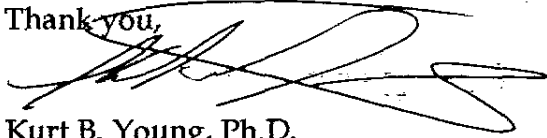
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Madam or Sir:

Please accept this application for incorporation with the State of Florida. The name of the entity is **Institute for Research, Evaluation & Policy Analysis, 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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF THE

INSTITUTE FOR RESEARCH, EVALUATION &

POLICY ANALYSIS, LLC

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

The Institute for Research, Evaluation & Policy Analysis, LLC.

ARTICLE II: ADDRESS

The mailing address and the street address of the principal office of the Institute for Research, Evaluation & Policy Analysis, 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

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TALLAHASSEE, FLORIDA

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ARTICLE III: REGISTERED AGENT& REGISTERED OFFICE

The Principal Agent and Address of the Institute for Research, Evaluation & Policy Analysis, LLC shall be as follows until otherwise changed by the Members:

Name:

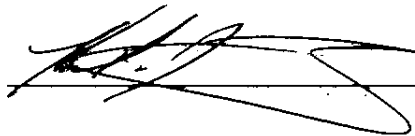
Kurt B. Young

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:

1/4/05

ARTICLE IV: MANAGERS & MANAGING MEMBERS

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

Title:

Name:

Address:

MGR

Kurt B. Young

3406 N. Avon Avenue
Tampa, Florida
33603

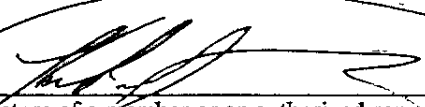
MGRM

Arna Watson Young

1524 S. Hiawassee Rd.
#81
Orlando, Florida
32835

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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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