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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

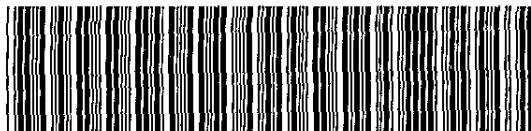
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CLERK OF COURT
TALLAHASSEE, FLORIDA

Kim Heyde
Requester's Name

1120 Old Fort Drive
Address

Tallahassee FL
City/State/Zip

Phone # _____

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Market Examinations
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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 TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
MARKET EXAMINATIONS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

1. NAME

The name of the Limited Liability Company is Market Examinations, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION

The Company shall have a perpetual period of duration. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE

The purpose for which the Company is organized is to conduct market examinations and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

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4. ADDRESS OF PLACE OF BUSINESS

The mailing and street address of the place of business in Florida for the Company is:

Kimberly Jane Heyde
1120 Old Fort Drive
Tallahassee, Florida 32301

Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT

The initial registered agent in Florida for the Company is: Leslei G. Street, Esq., and the initial registered office is located at 215 South Monroe Street, Second Floor, Tallahassee, Florida 32301.

6. INITIAL CAPITAL CONTRIBUTIONS

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization.

Additional contributions, if any, will be made as provided in the Operating Agreement.

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TALLAHASSEE, FLORIDA

8. CONTINUITY OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.


IN WITNESS WHEREOF, the undersigned organizer has executed these Articles of Organization on the 29th day of June, 2005.

By: 

Kimberly Jane Heyde, organizer

Print Name: Kimberly Jane Heyde

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.

Signature: 

Leslei G. Street, Esq.

DATE 6/29/2005