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(Requestor's Name)
(Address)
(1447-545)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/30/05--01028--017 **155.00

DIVISION OF CORPORATION

2005 DEC 30 AM 8: 30

EFFECTIVE DATE



COVER LETTER

Division of Corporations		
SUBJECT: Curtis Research Associates 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:		
Curtis E Larson, Jr		
(Name of Person)		
Curtis Research Associates LLC		
(Firm/Company)		
6415 Midnight Pass Rd 404	2(<u>D</u>
(Address)] 50	VISI
Sarasota, FL 34242	2005 DEC 30	ON OF
		000
For further information concerning this matter, please call:	A₩ 8:	DIVISION OF CORPORATION
Curtis E Larson, Jr $at(941)$ 346 1604	ယ္သ	104
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \$\subseteq \text{\$\subseteq \since \since \text{\$\subseteq \since \text{\$\subseteq \since \text{\$\since \text{\$\subseteq \since \text{\$\since \since \since \text{\$\since \since \since \text{\$\since \since		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
Curtis Research Associates LLC	
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
C	
Principal Office Address:	Mailing Address:
6415 Midnight Pass Rd 404	6415 Midnight Pass Rd 404
Sarasota, FL 34242	Sarasota, FL 34242
	<u> </u>
	26
ARTICLE III - Registered Agent, R	legistered Office, & Registered Agent's Signature:
	s own Registered Agent. You must designate an individual or another 📮

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

business entity with an active Florida registration.)

Curtis E. Larson, Jr

Name

6415 Midnight Pass Rd 404

Florida street address (P.O. Box NOT acceptable)

Sana so ta, FL 34242.

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, F.S..

Curtis E Janson. Le

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

12.3605

ARTICLE IV- Manager(s) or Managing Member(s):

Curtis E. Larson, Jr.

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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
-\$-5.00 Certificate of Status (Optional)

that the facts stated herein are true.)