

L06000047420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

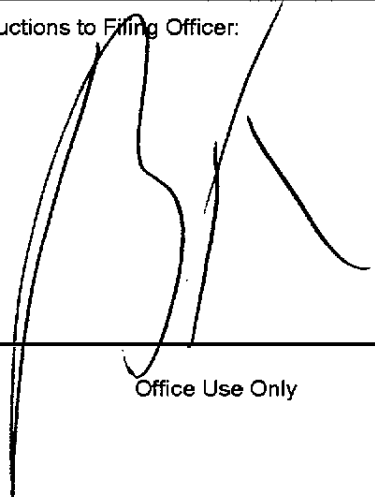
(Business Entity Name)

(Document Number)

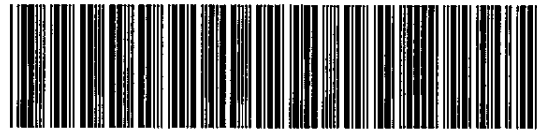
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY -8 AM 8:52

FILED

05 MAY -8 08:52 AM

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeastern Data Services, 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:

Mary Kathryn Owens  
(Name of Person)

Southeastern Data Services, LLC  
(Firm/Company)

3019 North Shannon Lakes Drive, Suite 202  
(Address)

Tallahassee, Florida 32309  
(City/State and Zip Code)

FILED  
2006 MAY -8 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Van P. Geeker, Esquire at ( 850 ) 878-2411  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**  
**OF**  
**SOUTHEASTERN DATA SERVICES, LLC**

**FILED**  
2006 MAY -8 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is **SOUTHEASTERN DATA SERVICES, LLC** (the LLC).

2. Purpose. The purpose for which the LLC is organized to provide data analysis services and other related services, and to engage in any and all other lawful business activities under the laws of the State of Florida and of the United States of America.

3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 3019 North Shannon Lakes Drive, Suite 202, Tallahassee, Florida 32309 and the mailing address shall be 3019 North Shannon Lakes Drive, Suite 202, Tallahassee, Florida 32309.

4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

Van P. Geeker, Esquire  
Iglar & Dougherty, P.A.  
2457 Care Drive  
Tallahassee, Florida 32308

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.



Van P. Geeker, Registered Agent

Executed at Tallahassee, Florida, on this 8<sup>th</sup> day of May, 2006.

  
MARY KATHRYN OWENS, Member


STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of May, 2006, by **MARY KATHRYN OWENS**, Member, who is personally known to me and who did not take an oath.



**Marlyne S. Tyre**  
Commission # DD152021  
Expires September 25, 2006  
Bonded Troy Fain - Insurance, Inc 800-365-7019

  
Signature of Notary Public