(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phon	e #)	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Statistics & Dissertation Services, LLC
0000	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Eric A Thomas
	(Name of Person)
	Statistics & Dissertation Services, LLC
	(Firm/Company)
_	1455 21st Street SW
	(Address)
ļ	Largo, FL 33770
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
Eric	Thomas at (727) 559-8145 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ 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 Tallahassee, FL 32301

FILED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•		
Statistics & Dissertation Services, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1455-21st Street SW	1455 21st Street SW		
Largo, FL 33770	Largo, FL 33770		
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Eric A Thomas			
Name			
1455 21st Street SW Florida street addr	ess (P.O. Box NOT acceptable)		
Largo, FL 33770	FL TO THE TOTAL PROPERTY OF THE PROPERTY OF TH		
City, State, an			
registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manager "MGRM" = Manag			
MGRM		Eric A Thomas 1455 21st Street SW Largo, FL 33770	
		-	
(Use attachment if a CLE V: Effective date is listed	e, if other than the	e date of filing: be specific and cannot be more tha	(OPTIONAL) an five business days p
CLE V: Effective dat effective date is listed 0 days after the date REQUIRED SIGN Si	te, if other than the l, the date must b of filing.) NATURE: Ignature of a member in accordance with se f this document const	er or an authorized representative of a extion 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties	an five business days particles of the member.
CLE V: Effective dat effective date is listed 0 days after the date REQUIRED SIGN Si (1	te, if other than the l, the date must b of filing.) NATURE: Ignature of a member accordance with se f this document const that the facts stated li	er or an authorized representative of a extion 608.408(3), Florida Statutes, the ex	member. kecution of perjury
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