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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

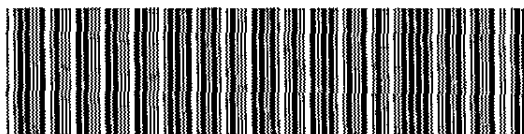
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

My ID Theft Assist, LLC

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TALLAHASSEE, FLORIDA

___ Art of Inc. File ___
___ LTD Partnership File ___
___ Foreign Corp. File ___
___ L.C. File ___
___ Fictitious Name File ___
___ Trade/Service Mark ___
___ Merger File ___
___ Art. of Amend. File ___
___ RA Resignation ___
___ Dissolution / Withdrawal ___
___ Annual Report / Reinstatement ___
___ Cert. Copy ___
___ Photo Copy ___
___ Certificate of Good Standing ___
___ Certificate of Status ___
___ Certificate of Fictitious Name ___
___ Corp Record Search ___
___ Officer Search ___
___ Fictitious Search ___
___ Fictitious Owner Search ___
___ Vehicle Search ___
___ Driving Record ___
___ UCC 1 or 3 File ___
___ UCC 11 Search ___
___ UCC 11 Retrieval ___
___ Courier ___

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
MY ID THEFT ASSIST, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 608.407 of the Florida Limited Liability Company Act, the undersigned, as a Member of My ID Theft Assist, LLC (hereinafter the "Limited Liability Company"), does hereby make, subscribe, acknowledge, and file these Articles of Organization for the purpose of becoming a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I. NAME

The name of this Limited Liability Company is My ID Theft Assist, LLC.

ARTICLE II. MAILING AND STREET ADDRESS

The mailing address of the principal office of the Limited Liability Company is:

4611 Yacht Club Road
Jacksonville, FL 32210

The street address of the principal office of the Limited Liability Company is:

4611 Yacht Club Road
Jacksonville, FL 32210

ARTICLE III. EXISTENCE AND EFFECTIVE DATE

The Limited Liability Company shall have perpetual existence. The Limited Liability Company's existence shall commence on the date and time of filing of these Articles of Organization by the Florida Department of State as evidenced by the Department of State's date and time endorsement on the original document.

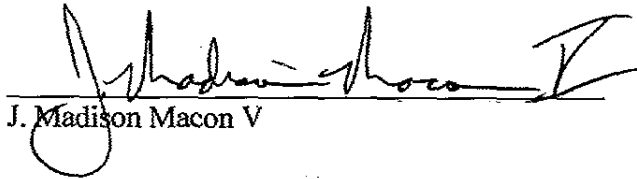
ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be a member-managed Limited Liability Company.

ARTICLE V. REGISTERED AGENT AND REGISTERED OFFICE

The name and address of the initial registered agent for the Limited Liability Company is
J. Madison Macon V, 4611 Yacht Club Road, Jacksonville, Florida 32210.

IN WITNESS WHEREOF, the undersigned member of the Limited Liability Company has
made and subscribed these Articles of Organization at Jacksonville, Florida, for the uses and
purposes aforesaid this 25 day of September, 2006.

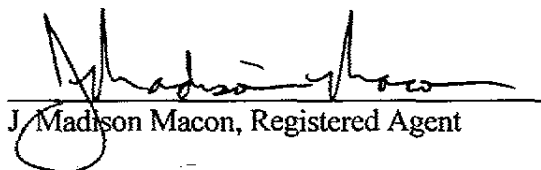

J. Madison Macon V

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

In pursuance of the provisions of Section 608.415, Florida Statutes, the Limited Liability Company identified below submits the following statement in designating its Registered Office/Registered Agent in the State of Florida.

1. The name of the Limited Liability Company is My ID Theft Assist, LLC.
2. The name and street address of the Limited Liability Company's registered agent and registered office in the State of Florida is J. Madison Macon V, 4611 Yacht Club Road, Jacksonville, FL 32210.

Having been named as registered agent and to accept service of process for the Limited Liability Company identified, and 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.


J. Madison Macon, Registered Agent

September 25, 2006