

**W600011002**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000275689 3)))



H060002756893ABCA

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Advanced Attentional Technologies LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

06 NOV 15 PM 12:57

DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

06 NOV 15 AM 10:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(((H06000275689 3)))

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Advanced Attentional Technologies LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1930 North Commerce Parkway Suite 1Weston FL, 33326**Mailing Address:**1930 North Commerce Parkway Suite 1Weston FL, 33326**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

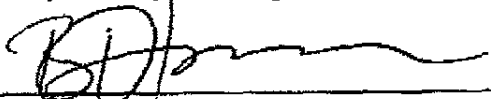
Bruce D. Forman

Name

1930 North Commerce Parkway Suite 1Florida street address (P.O. Box **NOT** acceptable)Weston,FLORIDA 33326

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, Florida Statutes.*



Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

(((H06000275689 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 15 AM 10:40

(((H06000275689 3)))

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRBruce D. Forman460 Somerset WayWeston FL, 33326

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
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 that the facts stated herein are true.)

Bruce D. Forman

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(((H06000275689 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 15 AM 10:40