

LO7000045606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

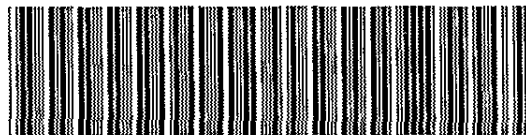
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FILED  
07 APR 30 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 04/30/07

REF. #: 000169.67612

CORP. NAME: PERSONALITYID, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 521095 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
PersonalityID, LLC**

**FILED**  
07 APR 30 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a limited liability company, under the laws of the State of Florida, does hereby set forth the following:

**ARTICLE I  
NAME**

The name of the limited liability company is: **PersonalityID, LLC**

**ARTICLE II  
PERIOD OF DURATION**

The period of duration of the limited liability company shall be from the date of filing these Articles of Organization until the dissolution of the limited liability company pursuant to provisions of the Florida Limited Liability Company Act.

**ARTICLE III  
PURPOSE**

The purpose for which the limited liability company is organized is to engage in all business and activities permitted by the laws of the State of Florida. The limited liability company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

**ARTICLE IV**  
**ADDRESS OF PLACE OF BUSINESS**

The mailing address, and the place of business in Florida, is: 3650 North 52nd Avenue, Hollywood, Florida 33021.

**ARTICLE V**  
**REGISTERED AGENT**

The name and address of the initial registered agent in Florida of the limited liability company is Bruce M. Gottlieb, Esq., 125 North 46<sup>th</sup> Avenue, Hollywood, FL 33021.

**ARTICLE VI**  
**ADDITIONAL CONTRIBUTIONS**

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events happening of which, that shall be made are as follows: No total additional contributions have been agreed to at the date of filing these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the limited liability company, and in accord with Chapter 608 Florida Statutes.

**ARTICLE VII**  
**MEMBERS**

The initial members of the Organization are:

BARRY LYNN	25%
CHARLES J. CLARKE III	25%
WILLIAM BARNES	25%
DAVID BOTTON	25%

Members may admit additional members upon unanimous agreement of the then existing members.

**ARTICLE VIII**  
**CONTINUITY OF BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall not be continued and the limited liability company shall be dissolved unless there is obtained the consent of all the remaining members of the limited liability company.

**ARTICLE IX**  
**MANAGEMENT**

The limited liability company is to be managed by its managers. The name and address of the initial manager of the limited liability company is as follows:

**NAME:**

BARRY LYNN

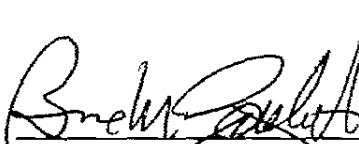
**ADDRESS:**

3650 North 52nd Avenue  
Hollywood, FL 33021

The initial manager shall serve until a successor is elected and qualifies.

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES  
AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID  
CORPORATION.

EXECUTED at Hollywood, Florida, on April 27th, 2007.

  
\_\_\_\_\_  
BRUCE M. GOTTLIEB  
Authorized Representative/  
Registered Agent

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing Articles of Organization were acknowledged before me on  
April 27th, 2007, by BRUCE M. GOTTLIEB, as Authorized  
Representative/Registered Agent of PersonalityID, LLC, a Limited Liability Company  
to be formed, who is personally known to me or who has produced his N/A as  
identification and who did take an oath.

NOTARY PUBLIC:

Sign: Leslie Beth Cooper  
Print: Leslie Beth Cooper  
My Commission Expires:

