

W7000053038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EFFECTIVE DATE  
5-14-07

2007 MAY 17 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Attach a check for \$160.00 payable to:

**Florida Department of State**

Send via FedEx or DHL overnight delivery for morning service to:

**Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301**

**FILED**

2003 MAY 17 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE ANALYTICA, 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:

SONYA RAJ NAIR  
(Name of Person)

(Firm/Company)

2502 N. Rocky Point Drive, Suite 671  
(Address)

Tampa, Florida 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

SONYA NAIR at 917 783-7949  
(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)

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FLORIDA  
S. REED  
REGISTRATION  
DIVISION  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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 FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUE ANALYTICA, 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 principal office of the Limited Liability Company is:

Principal Office Address:

2502 N. Rocky Point Drive  
Suite 896  
TAMPA, FL 33607

Mailing Address:

2502 N. Rocky Point Drive  
Suite 896  
TAMPA, FL 33607

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SONYA RAJ NAIR  
Name

2502 N. Rocky Point Drive, Suite 896  
Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33607  
City, State, and Zip

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*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..*

Sonya R. Nair  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
5-14-07

**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

MGRM

**Name and Address:**

SONYA RAJ NAIR  
2285 SHARKEY RD.  
CLEARWATER, FLORIDA 33765

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/14/2007. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Sonya Raj Nair

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.)

SONYA RAJ NAIR

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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