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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 686-5442**FLORIDA/FOREIGN LIMITED LIABILITY CO.****The Research Institute of Palm Beach, LLC**

Certificate of Status	0
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**T. HAMPTON**

SEP 10 2008

**EXAMINER**

**ARTICLES OF ORGANIZATION**  
**OF**  
**THE RESEARCH INSTITUTE OF PALM BEACH, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

THE RESEARCH INSTITUTE OF PALM BEACH, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address of the principal office is:

550 Heritage Drive, Suite 115  
Jupiter, Florida 33458

**ARTICLE III**  
**DURATION**


The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its manager and is, therefore, a manager-managed company.

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IN WITNESS WHEREOF, the undersigned authorized representative of the members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 9<sup>th</sup> day of September, 2008.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the  
Members

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


1. The name of the Limited Liability Company is:

**THE RESEARCH INSTITUTE OF PALM BEACH, LLC**

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

**Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401**

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
\_\_\_\_\_  
Gary N. Gerson, Registered Agent

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