

L090000074/8

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(Business Entity Name)

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Effective Date 01/20/09

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 22 AM 10:45

J. BRYAN

JAN 23 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extrapolate 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:

Katherine Freeman - COSTIN
(Name of Person)

Extrapolate LLC
(Firm/Company)

1145 Harbor Drive
(Address)

Delray Beach FL 33483
(City/State and Zip Code)

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For further information concerning this matter, please call:

Katherine Freeman - COSTIN at (561) 865 7055
(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)

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

FILED OF SECRETARY OF CORPORATIONS
DIVISION
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ARTICLE I - Name:

The name of the Limited Liability Company is:

Extrapolate, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1145 Harbor Drive
Delray Beach, FL
33483

Mailing Address:

1145 Harbor Drive
Delray Beach, FL
33483

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:

Effective Date 01/20/09

Katherine Freeman-Costin
Name

1145 Harbor Drive
Florida street address (P.O. Box NOT acceptable)
Delray Beach FL 33483
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, F.S..

Katherine Freeman-Costin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Katherine Freeman-Costin
1145 Harbor Drive
Delray Beach, FL 33483

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN 22 AM 10:45

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/09 (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:

Katherine Freeman-Costin
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.)

Katherine Freeman-Costin
Typed or printed name of signer

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)