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09 JAN 23 PM 2: 0:

COVER LETTER

TO: Registration S Division of Co						
_{suвјест:} Requi	ro Scientia LLC					
SUBJECT.		d Liability Compa	ny)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	, i			
Please return all corresp	ondence concerning this matte	er to the following:				
Angela M.	Allen					
	(Name of Person)				
Smith Mo	ore Leatherwood L	LP			200 200	
	(Firm/Company)				2724
Two Hanr	nover Square, Suite	2800			009 JAN 23	-
\$7-\$70-\$40 \$4 \$4 \tag{1} \tag{2}	· · · · · · · · · · · · · · · · · · ·	(Address)			7. 3.	п
Raleigh, N	IC 27601					
	(City.	/State and Zip Code)	i		05	
For further information	concerning this matter, please	call:				
Angela M. Alle	n	at (919)	755.871	2		
(Name	of Person)	· · · · · · · · · · · · · · · · · · ·	& Daytime Te	lephone Number)	_	
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ΑI	KII	ICL	æ	1 -	· Na	me:

The name of the Limited Liability Company is:

Re quiro Scientia 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: Mailing Address:		
		ess of the principal office of the Limited Liability Company is:
Principal Offic	e Address:	Mailing Address:

329 Seabreeze Avenue	329 Seabreeze Avenue
Palm Beach, FL 33480	Palm Beach, FL 33480
	· · · · · · · · · · · · · · · · · · ·

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 anothers business entity with an active Florida registration.)

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

Ernest C. Bourne	
Nar	ne
329 Seabreeze Av	enue
Florida street	address (P.O. Box <u>NOT</u> acceptable)
Palm Beach,	_{FL} 33480
City, Stat	e, 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.

Registered gent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member		2009 JAN 23	
MGRM	Disco Scientia Corporation		
	329 Seabreeze Avenue		_
	Palm Beach, FL 33480	SE 23	1
MGRM	Brian Vickers	E P	1
	329 Seabreeze Avenue	2 · · ·	į
	Palm Beach, FL 33480	05	
		100000000000000000000000000000000000000	
(Use attachment if necessary)			
CLE V: Effective date, if other than the ceffective date is listed, the date must be	date of filing:	. (OPTIONAL)	_
90 days after the date of filing.)	specific and cannot be more than	i five business days prio	ľ

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.)

Angela M. Allen, Esquire / Authorized Representative

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)