

# U10000032862

Division of Corporations  
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To:

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Fax Number : (850) 617-6383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800) 221-0102  
Fax Number : (212) 564-6083

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## FLORIDA LIMITED LIABILITY CO. Founder PV II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Founder PV II, 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:**7750 W. Newberry Rd., Gainesville, FL 32606**Mailing Address:**7750 W. Newberry Rd., Gainesville, FL 32606**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:

National Corporate Research, Ltd., Inc.

Name

515 East Park AvenueFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.*

  
 Registered Agent's Signature (REQUIRED)  
 Karen McKeown - Assistant Secretary

(CONTINUED)

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**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:**

MGRM

Joseph DiBartolo

7750 W. Newberry Rd.

Gainesville, FL 32606

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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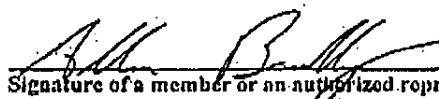
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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (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:**

  
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.)

Allen N. Bradley, Attorney

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)

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*Reznicsek Fraser Hastings White & Shaffer,  
P.A.*

4230 Pablo Professional Court, Suite 200  
Jacksonville, Florida 32224  
Phone: (904) 567-1060  
Facsimile: (904) 567-1065

To: Division of Corporations From: Sara L. Fischer

Fax: 850-617-6383 Pages: 3

Phone: Date: 3/25/10

Re: Critical Mission Support Services, CC:  
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