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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	D2 R	esearch LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	iter to the following:	
	Wilson V	V. Wadsworth, Barrister	
		Name of Person	
	D	2 Research LLC	
		Firm/Company	
	13700-2	2 Six Mile Cypress Pkwy	
		Address	
	For	t Myers, FL 33912	
·		ty/State and Zip Code	
	CPA	ADirected@aol.com	
	E-mail address: (to be used	for future annual report notification)	
For further information	n concerning this matter, pleas	e call:	
Wilson	Wadsworth	at (239) 628-4100	
Nam	e of Person	Area Code & Daytime Tele	phone 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D2	Research LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited Liability Co	om p any is
Principal Office Address:	Mailing Address:	
13700-2 Six Mile Cypress Pkwy	13700-2 Six Mile Cypress Pkwy	
Fort Myers, FL 33912	Fort Myers, FL 33912	
	tered Office, & Registered Agent's Signatu Registered Agent. You must designate an individual of another	

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)

(CONTINUED)
Page 1 of 2

"MGR" = Mana "MGRM" = Ma		Name and Address:
		
(Use attachment		
LE V: Effective	date, if other than the	date of filing: (OPTION e specific and cannot be more than five business da
LE V: Effective	date, if other than the sted, the date must be late of filing.) GNATURE:	e specific and cannot be more than five business da
LE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than five business da
LE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with secondary)	e specific and cannot be more than five business date of a member. The control of the control o
LE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated her	r or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
LE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constituted the facts stated her	r or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)

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

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

\$ 5.00 Certificate of Status (Optional)