

L100000055559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300181178433

05/21/10--01008--025 \*\*160.00

Effective Date 06/01/10

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 21 AM 11 02

T. HAMPTON  
MAY 24 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Discerning Technologies, 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:

Joseph S. Lappin

Name of Person

Discerning Technologies, LLC

Firm/Company

Post Office Box 1563

Address

Osprey, FL 34229

City/State and Zip Code

JSL@DiscernTek.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph S. Lappin

Name of Person

at ( 941 ) 323-5489

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

Effective Date

06/01/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Discerning Technologies, 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:

5083 Hanging Moss Lane  
Sarasota, FL 34238

#### Mailing Address:

Post Office Box 1563  
Osprey, FL 34229

### 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:

Joseph S. Lappin

Name

5083 Hanging Moss Lane

Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL 34238

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..*

Joseph S. Lappin  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

10 MAY 21 AM 11:02

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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 S. Lappin  
5083 Hanging Moss Lane  
Sarasota, FL 34238

MGRM

R. Michael Templeton  
555 Otsego Drive  
San Diego, CA 92103

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing June 1, 2010. (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:**

Joseph S. Lappin  
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.)

Joseph S. Lappin  
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)

10 MAY 21 AM 10:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS