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Effective Date 1-4-2011

2010 DEC 14 AHII: 44

J. SAULSBERRY EXAMINER DEC 15 2010

COVER LETTER

TO: / Registration Division of C			
SUBJECT:	Applied Statistica (Name of Limited I	l Concepts LLC	
The enclosed Articles	of Organization and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	Charles Ar	nello, Se. D. me of Person)	
	Applied Statistical (Fir	Concepts LLC	
	(Fir	m/Company)	
	3848 Netherles	e Way	
			720
	Wellington, FL	. 33449 ate and Zip Code)	
	(City/St	ate and Zip Code)	25
For further information	concerning this matter, please cal	II:	2010 DEC 14 AH II: 44 704 hone Number:
<u>Charles A</u>	nello Sc. D. at e of Person)	(561 434 7 (Area Code & Daytime Telep	704 F
Enclosed is a check i	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	rcle

Les Brown of Superior P

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Applied Statistical Co	bility 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:				
3848 Netherlee Way Wellington, FL 33449	3848 Netheelee Way Wellington, FL 33449				
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: nello, Sc.D. ne glee Way address (P.O. Box NOT acceptable)				
3848 Nether	elee Way address (P.O. Box NOT acceptable)				
	FL 33449 e, and Zip				
Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	

, 		
· .	Not Applicable	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: January 4, 2011 (If an effective date is listed, the date must be specific and cannot be more than five but to or 90 days after the date of filing.) REQUIRED SIGNATURE: Charles Onello		r
		20000000000000000000000000000000000000
(In accordance wi	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
<u>Char</u>	Typed or printed name of signee	
Filing Reet		

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)