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SECRETARY BE SIFIL DIVISION OF CORPERATION

#### **COVER LETTER**

ATO: Registration Section Division of Corporations	
SUBJECT: G & G Statistics and Eva	aluation, L.L.C.
50502011	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Claudia Güerere	
N	ame of Person
G & G Statistics and Evalua	ation, L.L.C.
F	irm/Company
30629 White Bird Ave	
	Address
Wesley Chapel, FL 33543	
City/S	tate and Zip Code
cguerere@mail.usf.edu	
	future annual report notification)
For further information concerning this matter, please co	all:
Claudia Güerere	<sub>st (</sub> 813 ) 951-3544
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160:00 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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
G & G Statistics and Evaluation, L.L.C.
(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:	
30629 White Bird Ave Wesley Chapel, FL 33543	30629 White Bird Ave Wesley Chapel, FL 33543	
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:	ĎIV.
		<u> </u>
Claudia Güerere		≌જ્ઞ
	Vame 27	유류도
7537 Dolonita	<b>Dr</b>	
Florida stre	eet address (P.O. Box NOT acceptable)	1907 1916
Tampa	<sub>m</sub> 33615	1
Ci	ity, State, and Zip	5 F

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 pasition as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>'itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	
IGR	Claudia Güerere
	7537 Dolonita Drive
	Tampa, FL 33615
MGR	Andrew W. Gump
	30629 White Bird Ave
	Wesley Chapel, FL 33543
<del></del>	
Use attachment if necessary)	
ose attachment is necessary)	
	the date of filing: 01/01/2011 . (OPTIONAL)
	st be specific and cannot be more than five business days pr
lays after the date of filing.)	
	10 DEC 27
REQUIRED SIGNATURE:	C ?
	27
( <i>X</i> N)	711 \
10 / W. A	
Note that the same of the same	tcha =
Signature of a me	mber or an authorized representative of a member.
(In accordance with section	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

constitutes a third degree felony as provided for in s.817.155, F.S.)

### Claudia Güerere

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)