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DATE:

02-22-2012

NAME:

GO FIGURE FLORIDA LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: 8425 \$155

RETURN: Certifical Copy

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

## **COVER LETTER**

TO:	Registration Secti Division of Corpo						
SÚBJE	CT: GO	FIGURE Nam			H. LLC	<del></del>	
The encl	losed Articles of Or	ganization and	fee(s) are	submitt	ed for filing.		
Please re	eturn all correspond	ence concerning	g this mat	tter to th	following:		
	DIANE A	ANDERSON		<del></del>			
	DATA RI	EPORTING	CORP	•	,		
	330 ROE	BERTS ST	REET				
	SUITE 2	203		•			
	EAST HA	ARTFORD,	CT 0	6108	-3654		,
			Cli	ty/State a	nd Zip Code	<del></del>	
<del></del>		-niali address: (t	o be used	for future	annual report no	ollfication	)
For furth	er information cone	eming this mar	ter, pleas	e call:			
DIAN	E ANDERSON Name of Pe			_ at (	860 ) 2 Area Code & D	82-0 Daytime T	6.8.5 elephone Number
		e following an 30.00 Filing I Certificate of S	Fco &	Ce	5.00 Filing Fortified Copy listenal copy is c	ec &	\$160.00 Filing Fee, Certificate of Status & Certified Copy. (additional copy is enclosed)
	Ro Di P.	isiling Address egistration Secti (vision of Corp. O. Box 6327 ullahassee, FL 3	on orations		Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, 1	lection lorporation ing ve Cente	ons & Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	8:
Go Figure Palm Beach, LLC	
(Must end with the words "Limited Lie	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:
141 West Putnam Avenue Greenwich, Connecticut 06830	141 West Putnam Avenue Greenwich, Connecticut 06830
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	The state of the s
Florida Filing & Search	
Nan	22
155 Office Plaza Dr.,	Suite A
Florida street	address (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
City,	State, and Zip

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Page 1 of 2

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

"MGR" = Manager	Name and Address:
"MGRM" - Managing Member	
Managing Member	Cindy Sites
	141 West Putnam Ayanda,
•	Greenwich; Connecticut 06830
	<del> </del>
1	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must	te date of filing:
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)	te date of filing:
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business bet ar in anthorized representative of a member.
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mention of constitutes an affirmation and lam nowers that any files info	be specific and cannot be more than five business
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a ment (in accordance with section of constitutes an affirmation and I am powers that any false inforcementations a third degree felo	be specific and cannot be more than five business ber as an authorized representative of a member.  DR-408(3), Florida Statutes, the execution of this document the peralties of perjury that the firsts stated berein are true smaller submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 39.90 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2