

1120000062556

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MAY - 9 2012

EXAMINER



500231462315

05/08/12--01018--011 \*\*155.00

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2012 MAY -8 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 MAY -8 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 05/08/2012

REF. #: 000409.166125

CORP. NAME: IBOPE CONECTA INTERACTIVE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 544344 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
IBOPE CONECTA INTERACTIVE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **IBOPE CONECTA INTERACTIVE, LLC.**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**1001 Brickell Bay Drive  
Suite 2700  
Miami, Florida 33131**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**NRAI Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301**

*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.*

NRAI SERVICES, INC., as Registered Agent



Name: Katie Wonsch  
Title: Assistant Secretary

**FILED**  
**12 MAY - 8 AM 11:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization at Miami, Florida on May 8, 2012.



L. Frank Cordero, 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.)

\_\_\_\_\_  
L. Frank Cordero  
Typed or printed name of signer