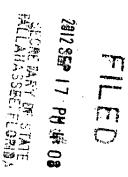
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
a. Lunt
SEP 19 2012
EXAMINER



400239607724

09/17/12--01020--022 **130.00



Office Use Only

COVER LETTER

Registration Section

Division of Cor	porations				
_{subject:} RiskFa	actor USA, LLC				
SUBJECT:		ted Liability Compar	ny		-
The enclosed Articles of	Organization and fee(s) are	submitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
Terri Bake	er				
		Name of Person		·	
RiskFacto	or USA, LLC				
	······································	Firm/Company		415.	~~·
1990 Haw	aii Avenue NE				2012 85
	-	Address		i i i	
Caint Dates	El 22702			Sala	- F
Saint Peters	sburg, FL 33703	ty/State and Zip Code		- 13	<u> </u>
tprice7577@	hotmail.com			0.7	- S
	E-mail address: (to be used	for future annual repor	t notification)	***	•
For further information of	oncerning this matter, pleas	e call:			
Terri Baker		_ _{at (} 727)	289-3586		
Name of	f Person		& Daytime Tele	ephone Number	•
Enclosed is a check for	the following amount:				
■\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	y	\$160.00 Filing Certificate of Standard Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporation	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RiskFactor USA, LLC (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1990 Hawaii Avenue NE	1990 Hawaii Avenue NE
Saint Petersburg, FL 33703	Saint Petersburg, FL 33703
business entity with an active Florida registration.) The name and the Florida street address of the result of th	egistered agent are:
1990 Hawaii Aver	nue NE
Florida street add	ress (P.O. Box NOT acceptable)
Saint Petersburg	_{FL} 33703
City, Sta	te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as 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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Terri Baker
	1990 Hawaii Avenue NE
	Saint Petersburg, FL 33703
(Use attachment if necessary)	the data of filing: (OPTION)
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL st be specific and cannot be more than five business date
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer	St be specific and cannot be more than five business da Balce More or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date of the d	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. If formation submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date of the d	be specific and cannot be more than five business da Balling Bal

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)