## Division of Corpo Finda Dipartment of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000198764 3)))



H130001987643ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8

: (850) 617-6383

From:

Account Name : C

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. SOVEREIGN DATA MINING, LLC

0
1
04
\$155.00

J. SAULSBERRY EXAMINER

SEP 9 2013

Electronic Filing Menu

Corporate Filing Menu

Help

9/6/2013

(850) 245-6051.

## **COVER LETTER**

TO: Registration Division of C				
Sovereig	n Data Mining, LLC			
SUBJECT:	Name of Limi	ted Liability Company	_	
The enclosed Articles	of Organization and fee(s) are	submitted for filling.		
Please return all corres	pondence concerning this mat	ter to the following:		
Mauroen Burke				
<del></del>		Name of Person		
O'Molveny & I	Myers LLP			2
<del></del>		Firm/Company		12
Two Embarcad	kro Center, 28th Floor	•		
	······································	Address	- 1277 d	
San Francisco,	CA 94111	•		
lloydmiller4@g	,	ty/State and Zip Code		2
	E-mail address: (to be used	for future summal report notification)	- N	٥
For further information	concerning this matter, please	s call:		
Maureon Burke		415 · 984-8888		
Nanto	of Person	Area Cade & Daytime Telephone Number		
Enclosed is a check (	for the following amount:			
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  Cartified Copy (additional copy is enclosed)  Certified Copy (additional copy	Status &	
	Multing Attlessa Registration Section Division of Corporations P.O. Box 6327 Tattahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasseo, FL 32301		

ι.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·	
he name of the Limited Linbility Company	s:	
Sovereign Data Mining, LLC		<u>-</u>
(Minst and with the words "Limited Li	billity Company, "L.L.C.," or "LLC.")	,
ARTICLE II - Address:	·*•	
he mailing address and street address of the	principal office of the Limited Lis	ibility Company is:
rincipal Office Address:	Mailing Address:	
3150 Fashion Drive, Unit T237	222 Lakeviow Avenuo, Suite 160-3	165
Stero, Florida 33928	West Palm Beach, Florida 33401	
	Attn: Lloyd I. Miller, IV	
he name and the Florida street address of the	e registered agent are: ation System	
C i Carpo Na		K 6
	ne Island Road  sidress (P.O. Box <u>NOT</u> acceptable)	
Plantation		
	թլ, 33324 State, and Zip	≥ ~ ~
<i>:</i>		
Having been named as registered agent und liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and comp and accept the obligations of my position as	n this certificate, I hereby accept th acity. I further agree to comply wi lete performance of my duties, and registered a <b>logusions a</b> for in	te appointment as th the provisions of I am familiar with Chapter 608, F.S
C T Corporation Sys		<b>,</b>
Registered Agent's Sig	iature (KEQUIRED)	
(CONT	(NUED)	
Page 1	uf2	

FLOS2 - 85/20/2813 Welton Klower Calline

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGRM" = Managing Member		
MGRM .	Lloyd 1. Miller, IV	
	222 Lakeview Avenue, Suite 160-365	
	West Palm Beach, Florida 33401	<u> </u>
		•
	t	
		*** C
<del></del>	· · · · · · · · · · · · · · · · · · ·	
LEV: Effective date, if other than t fective date is listed, the date mu	the date of filing: ust be specific and cannot be more than )	(OPTIONAL)  1 five business days
ffective date is listed, the date m or 90 days after the date of filing.	ust be specific and cannot be more than	_ (OPTIONAL)
LE V: Effective date, if other than the feetive date is listed, the date must or 90 days after the date of filing.  REQUIRED SIGNATURE:	ust be specific and cannot be more than	. (OPTIONAL) i five business days
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mean constitutes an affirmation and a number that any false infe	ust be specific and cannot be more than  ()	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
LE V: Effective date, if other than the fective date is listed, the date on or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (in accordance with section of constitutes an affirmation and I am aware that any false infectionate at third degree feld Lloyd I. Miller, IV	Liber or an nutherized representative of a member of the penalties of perjury that the facts stated her penalties up as provided for in s.817.155, F.S.)	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (in accordance with section of constitutes an affirmation and I am aware that any false infeconstitutes a third degree felo	L Mula TT  ther or an nutherized representative of a member of the penalties of perjury that the facts stated her armation submitted in a document to the Department	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
LE V: Effective date, if other than the fective date is listed, the date on or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (in accordance with section of constitutes an affirmation and I am aware that any false infectionate at third degree feld Lloyd I. Miller, IV	Liber or an nutherized representative of a member of the penalties of perjury that the facts stated her penalties up as provided for in s.817.155, F.S.)	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.  REOUIRED SIGNATURE:  Signature of a mem  (in accordance with section of constitutes an affirmation and I am aware that any false infectional than a third degree feld Lloyd I. Miller, IV  Filing Fees:  \$125.00 Filing Fee for Articles of Original Constitutes and Const	Liber or an authorized representative of a member of the penalties of perjury that the facts stated her penalties of perjury that the facts stated her penalties of perjury that the facts stated her penalties up as provided for in a document to the Department as provided for in a serious as a serious	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.  REOUIRED SIGNATURE:  Signature of a mem  (in accordance with section of constitutes an affirmation and I am aware that any false infections that degree feld Lloyd I. Miller, IV	Legal Description and cannot be more than a control of the control	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.
EV: Effective date, if other than the fective date is listed, the date must be found and after the date of filing.  REOURED SIGNATURE:  Signature of a mean (in accordance with section deconstitutes an affirmation and I am aware that any false infe	L Mula TT  ther or an nutherized representative of a member of the penalties of perjury that the facts stated her armation submitted in a document to the Department	. (OPTIONAL)  1 five business days  er.  cocument  sin are true.