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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Office Use Only



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## **COVER LETTER**

* * · · · · · · · · · · · · · · · · · ·
TO: Registration Section Division of Corporations
SUBJECT: Fleming Research LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel Fleming
Name of Person
Firm/Company
9440 Plainfield ave
Address
Pensacola, FL. 32514
City/State and Zip Code
sfleming@FlemingResearch.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel Fleming850 \ 240-7968
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Fleming Research LLC.	ad with the words "I im	nited Liability Company, "L.L.C.," or "LLC.")	
(Must e	na with the words Lin	med Liability Company, E.L.C., or LLC.	
ARTICLE II - Address:			
The mailing address and stree	t address of the princip	pal office of the Limited Liability Company is:	
Principal Office Address:	M	failing Address:	
9440 plainfield ave		9440 plainfield ave	
Pensacola, FL. 32514		Pensacola, FL. 32514	
•	an active Florida registi	,	
The name and the Florida stre	eet address of the regist	ered agent are:	
The name and the Florida stre	eet address of the regist	,	
The name and the Florida stre	eet address of the regist	ered agent are:	
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The name and the Florida stre Samue 9440 p Flori	eet address of the regist bl Fleming N blainfield ave	ered agent are:  ame  Box NOT acceptable)  FL 32514	
The name and the Florida stre Samue 9440 p Flori	eet address of the regist  Fleming  N  Islainfield ave  da street address (P.O.	ame  Box NOT acceptable)	
The name and the Florida stre  Samue  9440 p  Flori  Pens  Having been named as registe the place designated in this capacity. I further agree to	pet address of the regist of Fleming  Note that the regist of the regist	ered agent are:  ame  Box NOT acceptable)  FL 32514	o act in this performance

Page 1 of 2

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Se attachment if necessary)  7: Effective date, if other than the date of filing:		Member
Se attachment if necessary)  7: Effective date, if other than the date of filing:	'MGR" = Manager war	Samuel Fleming
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Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b). Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Samuel Fleming  Typed or printed name of signee  Filling Fees:  125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)		· · · · · · · · · · · · · · · · · · ·
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