

# L14000016081

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 617-6383

From:

Account Name : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239) 948-1823  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jgardner@lyons-law.com

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FLORIDA LIMITED LIABILITY CO.  
Scoop Research, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JAN 30 2014

T. BROWN

(((H14000023034 3)))

**ARTICLES OF ORGANIZATION  
OF  
SCOOP RESEARCH, LLC**

The undersigned, under the provisions of Chapter 605 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

**1. Name.**

The name of the limited liability company is **Scoop Research, LLC**, (hereinafter referred to as the "Company").

**2. Address.**

**Principal Office Address:**

29090 Marcello Way  
Naples, FL 34110

**Mailing Address**

29090 Marcello Way  
Naples, FL 34110

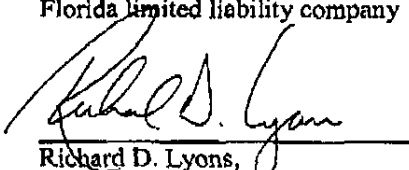
**3. Registered Agent.**

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

**L&L Para, Ltd. Co.**  
27911 Crown Lake Blvd. Suite 201  
Bonita Springs, FL 34135

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 605, F.S.

**L&L Para, Ltd. Co., a  
Florida limited liability company**

  
Richard D. Lyons,  
Its: Manager

ARTICLES OF ORGANIZATION  
OF  
SCOOP RESEARCH, LLC

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**4. Management.**

The overall management and control of the business and affairs of the Company shall be vested in a **manager** and the initial manager shall be;

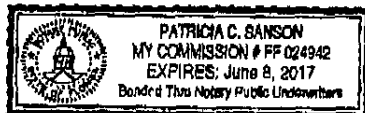
<u>Title:</u>	<u>Name and Address:</u>
MGR	<b>Zachary L. Golba</b> 29090 Marcello Way Naples, FL 34110

IN WITNESS WHEREOF, I, Jason D. Gardner, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 29<sup>th</sup> day of January, 2014.


  
\_\_\_\_\_  
Jason D. Gardner  
The Authorized Representative of a Member

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 29th day of January, 2014, by Jason D. Gardner, as the Authorized Representative of a Member, who ☒ is personally known to me or ( ) produced \_\_\_\_\_ as identification.



(Seal)

  
\_\_\_\_\_  
Notary Public

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