

L140000062207

(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:

Office Use Only



900258934149

04/16/14--01003--024 **133.75

04/16/14--01003--025 **21.25

RECEIVED
2014 APR 16 PM 12:26
TOLSON
SUPERVISOR OF FINING

APPROVED
FILED
14 APR 16 PM 12:31
SCOTT
STATE
OFFICE OF FINING

Adams and Reese LLP	
Requester's Name	
2457 Cove Drive	
Address	
Tallahassee FL	878-2411
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. On Point Research, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input checked="" type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**ARTICLES OF ORGANIZATION
ON POINT RESEARCH, LLC**

APPROVED
AND
FILED
14 APR 16 PM 12:31
STATE OF FLORIDA

ARTICLE I

The name of the Limited Liability Company shall be On Point Research, LLC ("Company").

ARTICLE II

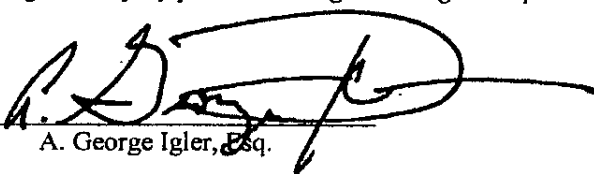
The mailing address and street address of the Company's principal office shall be 8412 Via Bella Notta, Orlando, Florida 32836.

ARTICLE III

The name and Florida street address of the Company's registered agent is:

A. George Igler, Esq.
Adams and Reese LLP
2457 Care Drive
Tallahassee, Florida 32308

Having been named as registered agent and to accept service of process for the above named 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, Florida Statutes.


A. George Igler, Esq.

ARTICLE IV

The name and address of each person authorized to manage and control the Company are:

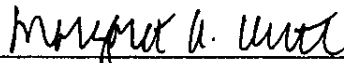
Title:

Name and Address:

AMBR

Margaret A. Levitt
8412 Via Bella Notta
Orlando, Florida 32836

REQUIRED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Margaret A. Levitt", written over a horizontal line.

Margaret A. Levitt, Authorized Member

(In accordance with Section 605.0203(1)(b), *Florida 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 Section 817.155, *Florida Statutes*.)