

**L14000152253**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
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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.\*\*

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**FLORIDA LIMITED LIABILITY CO.**

**Pace Analytics FLA, LLC**

Certificate of Status	0
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Page Count	03
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M BURR KEIM CO  
6/26/2014 11:26:49 AM PAGE 1/001 FAX 06/26/2014 002



June 26, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: PACE ANALYTICS FLA, LLC  
REF: W14000039858

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : PACE ANALYTICS INC, document number P06000028096.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H14000152253  
Letter Number: 914A00013906

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2014 JUN 26 AM 10:30  
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RECEIVED  
14 JUN 26 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(((H140001522533)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Pace Analytics FLA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:7617 Kiawah Way  
Melbourne Beach, FL 329517617 Kiawah Way  
Melbourne Beach, FL 32951

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Schubiger

Name

7617 Kiawah WayFlorida street address (P.O. Box NOT acceptable)Melbourne BeachFL 32951

City

Zip

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael Schubiger

7617 Kiawah Way

Melbourne Beach, FL 32951

AMBR

David Frascella

7617 Kiawah Way

Melbourne Beach, FL 32951

AMBR

Larry Frascella

7617 Kiawah Way

Melbourne Beach, FL 32951

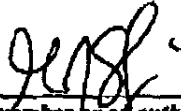
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0201 (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 §17.155, F.S.)

Michael Schubiger, Authorized Person

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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