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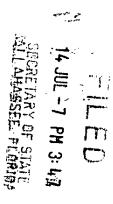
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EFFECTIVE DATE 7/1/2014



Ellen 21

## **COVER LETTER**

Division of	n Section Corporations		, * *
SUBJECT:	PROBE ELOI	JOMICS LL	
30B0E1		nited Liability Company	
The analogad Articles	of Organization and fee(s) a	re submitted for filing	
	<u>-</u>	-	
Please return all corre	espondence concerning this m	. 7	_
	FREDERK	K. M. PETER	RSON
	_	Name of Person	
	PROBE EC	onomics L	K
		Firm/Company	
	1755 PE	UGAN WAY	~
	VéRo BER	Address HH, FL	32963
	FRED@PRob	ity/State and Zip Code	eu
	E-mail address: (to be used	d for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
FRED A	ne of Person	603) 667-34 Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	iling Address istration Section	Street/Courier Add Registration Section	<u>ress</u>

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## EFFECTIVE DATE 7/1/2014

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
PROBE ECONOMIC	SLLC
(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 street address.	ne Limited Liability Company is:
Principal Office Address: Maili	ng Address:
1755 PELICAN WAY	(SAME)
VERO PLACH, PL 32963	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent and FRENERICK M.	PETERSON
FREDERICK M. 1 1755 PELICAN	<del></del>
Florida street address (P.O. Box NOT ac	ceptable)
VERE BEAUT FL	32963 Zip
City	Zip
Having been named as registered agent and to accept service of p the place designated in this certificate, I hereby accept the apple capacity. I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obligations Chapter 605. I Registered Agent's Signature (REG	ointment as registered agent and agree to act in this utes relating to the proper and complete performance of my position as registered agent as provided for in E.S
(CONTINUED)	
Page 1 of 2	

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	THEOERICK MY PETERSON 1755 PENKAN WAY VEROS HEARTH, FL 3296
<del> </del>	
(Use attachment if necessary)	-//
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
E VI: Other provisions, if any.	
	Weerso
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	mber or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation unde I am aware that any false information to the section of the section	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.812 155, F.S.)
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Page 2 of 2