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**AUTHORIZATION:** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
Berkeley Research Group Florida 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:
Alicia Lizarraga -
Name of Person
Alston & Bird LLP
Firm/Company
333 South Hope Street, 16th Floor
Address
Los Angeles, CA 90071
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additi
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Linbility Company is:	
Berkeley Research Group Florida 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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2200 Powell St. Suite 1200 Emeryville, CA 94608	1111 Brickelt Avenue, Suite 1131 Miaml, FL 33131
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
National Corporate Research Name	
155 Office Plaza Drive Florida street address (P.O. Box	NOT acceptable)
<u>Tallahassee</u> City	F1. 32301 Zip
Having been named as ragistered agem and to accept so the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company at a the appointment as registered agent and agree to act in this af all statutus relating to the proper and complete performance ligations of my position as registered agent as provided for in the following the first secretary of the light
(CONTINU	ED)
Page 1 of 2	

BIN DUL 15 AN 9-25

<u>itle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MBR	Berkeley Research Group, LLC
	2200 Powell Street, Suite 1200
	Emeryville, CA 94608
	**************************************
_	
se attachment (finecessary)	
V: Effective date, if other than the date of	of filing;
V: Effective date, if other than the date of ive date is listed, the date must be specifing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a men	cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of ive date is listed, the date must be specifing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a men (in accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	of filing:
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V: Effective date, if other than the date of ive date is listed, the date must be specifing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	cific and cannot be more than five business days prior to or 9  Description of the prior of a member.  1.0203 (1) (b), Florida Stalates: the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  baum  Typed or printed name of signee
V: Effective date, if other than the date of the date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony Marvin, A., Tenent	nber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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