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SECRETARY OF STATE
FALLAHASSEE FLERINA

COVER LETTER

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TO: Registration Division of	n Section Corporations		
SUBJECT: Center	for Advanced Research an Name of Lim	d Investigations, LLC nited Liability Company	
	of Organization and fee(s) are		
Please return all corre	espondence concerning this ma	atter to the following:	
Harry A.	Newell		
		Name of Person	
Center f	or Advanced Research and		
		Firm/Company	
376 Wes	tz Drive	Address	
		Address	
<u>Largo, F</u>	lorida 33771		
		ity/State and Zip Code	
han6732@yah	00.com E-mail address: (to be used	d for future annual report notifica	ntion)
For further information	on concerning this matter, plea	ase call:	
Harry A. Newell Na	at (7	727) 249-6249 Area Code Daytime Te	lephone Number
Enclosed is a check f	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)

Mailing Address
Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Center for Advanced Research and Investiga (Must end with the words "I	ations, LLC imited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
376 Wertz Drive	376 Wertz Drive	
Largo, Filorida 33771	Largo, Florida 33771	
The name and the Florida street address of the reg	ristered agent are: Name	
	Name	
376 Wertz Drive		
Florida street address (P.	O. Box NOT acceptable)	
Largo	FL 33771	
City	Zip	
	y accept the appointment as registered age visions of all statutes relating to the proper	nt and agree to act in this and complete performance
Pr	age 1 of 2	FLOR

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
MGR		Harry A. Newell
		376 Wertz Drive
		Largo, Florida 33771
(I se attachment if nece	seanu)	
(Use attachment if nece	ther than the date of fil	ling: (OPTIONAL)
LE V: Effective date, if o	ther than the date of fil date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or
LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of fil date must be specific f any.	ing: (OPTIONAL) and cannot be more than five business days prior to or
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