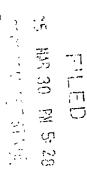
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APR 21 2015 S. YOUNG

## **COVER LETTER**

Division of Corporations
SUBJECT: GORDIAN KNOT ANALYTICS GROUP 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:
JAMES M. BONNER
GORDIAN KNOT ANALY TICS GROUP LLC Firm/Company
11885 GRAMIF WOODS LOOP Address
VENICE FL 34292-4134
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES M. BENNIA at 571, 266-9648  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee.  Certified Copy (additional copy is enclosed)
Mailing Address  Street/Courier Address

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

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GORDIAN KNOT ANALY  (Must end with the words "Limited Lia	TICS 67 OUT LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offic	ce of the Limited Liability Company is:
· · · · · · · · · · · · · · · · · · ·	Mailing Address: 11885 6 RAPLICE WOODS LOO VENICE, FL 34292-4134
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re- another business entity with an active Florida registration.)	egistered Agent You must designate an individual or
Florida street address (P.O. Box No. 1)  City  Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation.	SPECT acceptable)  FL 34292-4134  Zip  ice of process for the above stated limited liability company the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in
Registered Agent's Signature	
(CONTINUED Page 1 of 2	
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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	TAMUS M. BONNER 11885 GRAN, FU WO UDS L	
MGR AMBR	LAWRENCES CHE, JOSZ H. WELLINGTON Rd NEWTOWN PA 18940-37 BO HONORÉ DE CHEVELDED LANG	
(Use attachment if necessary)	PRINCETON, NJ OSSY	<u>0</u>
ective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	
ective date is listed, the date must be speof filing.)  LE VI: Other provisions, if any.		
REQUIRED SIGNATURE:  Signature of a met  (In accordance with section 60: constitutes an affirmation under  I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State	nent
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felom	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true	nent
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felom	mber or an authorized representative of a member. 5.0203 (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 y as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  ganization and Designation of Registered Agent	nent

ARTICLE IV-