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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 22 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PB Analytics, 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:

Stephen H. Lewis

Name of Person

Firm/Company

150 Sandy Pine Ct.

Address

Wellington, FL 33414

City/State and Zip Code

stephenhl@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen H Lewis

Name of Person

at ( 561 ) 310-7788

Area Code

Daytime Telephone Number

Enclosed is a check for 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 I - Name:

The name of the Limited Liability Company is: PB Analytics, LLC

## ARTICLE II - Addresses:

The mailing address and street address of the principal office of the Limited Liability Company is: 150 Sandy Pine Court, Wellington, FL 33414

Principal Office Address and Mailing Address: 150 Sandy Pine Court, Wellington, FL 33414

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

The name and the Florida street address of the registered agent are: Stephen H. Lewis

Florida street address: 150 Sandy Pine Court, Wellington, FL 33414

*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: \_\_\_\_\_

## ARTICLE IV -

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

Title: AMBR (Authorized Member)  
PB Analytics Management, Inc.  
150 Sandy Pine Court,  
Wellington, FL 33414

ARTICLE V - The Effective Date shall be the date of filing.

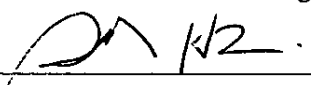
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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (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 s.817.155, F.S.)

  
\_\_\_\_\_  
Stephen H. Lewis