

L15000198708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300279589893

12/02/15--01001--009 \*\*155.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 DEC -2 PM 12:00

RECEIVED  
2015 DEC -2 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 02 2015

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## SOCIAL EVIDENCE, LLC

Signature \_\_\_\_\_

Requested by: SETH

12/02/15 AM

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
✓ \_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

ARTICLES OF ORGANIZATION

OF

**SOCIAL EVIDENCE, LLC**

AGREEMENT made as of the 1<sup>st</sup> day of December, 2015, by JON L. MILLS,  
(hereinafter the Members or individually the Member);

NOW THEREFORE, it is mutually agreed as follows:

**ARTICLE I**

**FORMATION OF LIMITED LIABILITY COMPANY**

The Member hereby creates a limited liability company (the "LLC") under Chapter 605, Florida Statutes, the laws of the State of Florida (the "Act") for the purposes described in Article III below.

**ARTICLE II**

**NAME**

The name of the LLC shall be **SOCIAL EVIDENCE, LLC**, or such other name selected by the Member as may be acceptable to the appropriate recording official of the State of Florida.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -2 PM 12:00

FILED

**ARTICLE III**  
**PURPOSES AND POWERS**

The LLC is authorized to design software to allow its customers to evaluate internet and social media profiles of certain individuals and to engage in any business or businesses authorized by the laws of the State of Florida, and in general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things herein set forth to the same extent as a natural person might or could do.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the LLC to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

**ARTICLE IV**  
**PRINCIPAL PLACE OF BUSINESS**

The mailing address of the principal office of the LLC shall be 2727 NW 58<sup>th</sup> Blvd., Gainesville, Florida 32606, and the street address of the principal office of the LLC shall be 2727 NW 58<sup>th</sup> Blvd., Gainesville, Florida 32606, or at such other location as may be agreed in writing by the Members.

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
COURT  
JAN 14 2008

15 DEC -2 PM 12:00

FILED

**ARTICLE V**

**DURATION**

This Agreement shall be come effective on the date hereof, and the LLC shall have perpetual existence.

**ARTICLE VI**

**LIMITED LIABILITY COMPANY POWERS**

All the LLC powers shall be exercised by or under the authority of, and the business and affairs of this LLC shall be managed under the direction of the Manager of this LLC.

**ARTICLE VII**

**MANAGEMENT**

The LLC is to be managed by a Manager, and is, therefore, a manager-managed company.

The name and address of such Manager who is to serve as Manager is:

NAME

ADDRESS

**JON L. MILLS**

**2727 NW 58<sup>th</sup> Blvd.  
Gainesville, Florida 32606**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC -2 PM 12:00

FILED

**ARTICLE VIII**

**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the LLC is 2727 NW 58<sup>th</sup> Blvd., City of Gainesville, County of Alachua, State of Florida 32606, and the name of its initial registered agent at such address is **JON L. MILLS**.

The undersigned, being the original Member of the LLC, hereby certifies that the foregoing constitutes the proposed Articles of Organization of **SOCIAL EVIDENCE, LLC, a Florida limited liability company**.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 1<sup>st</sup> day of December, 2015.

  
**JON L. MILLS**  
Member

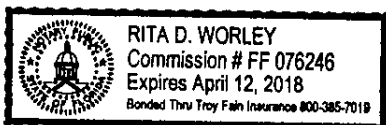
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

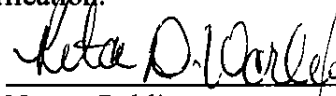
DEC - 2 PM 12:00

FILED

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of December, 2015, by **JON L. MILLS**, a Member of **SOCIAL EVIDENCE, LLC**, a Florida limited liability company, ☐ who has produced a driver's license issued within 5 years from date as identification; OR ☒ who is personally known to me; OR ☐ who produced Other: \_\_\_\_\_, as identification.



  
Notary Public  
Printed Name: **RITA D. WORLEY**  
Commission No.:

My Commission Expires:  
(Affix Notary Seal)

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is **SOCIAL EVIDENCE, LLC, LLC.**
- (2) The name and address of the registered agent and office is **JON L. MILLS, 2727 NW 58<sup>th</sup> Blvd., Gainesville, Florida 32606.**

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: December 1, 2015.

  
**JON L. MILLS**  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -2 PM 12:00

FILED