L17000241774

| (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

M. MOON NOV 27 2017



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17 NOV 22 PH W 22

17 NOV 22 PM P. L.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | |
|---|------------|---------|
| REFERENCE : 925389 8158604 | | |
| AUTHORIZATION: 925389 8158604 | | |
| COST LIMIT : \$ 125.00 | . . | |
| ORDER DATE : November 21, 2017 | | |
| ORDER TIME : 2:55 PM | | |
| ORDER NO. : 925389-001 | | |
| CUSTOMER NO: 8158604 | | |
| DOMESTIC FILING | . – – – | |
| NAME: BLUE SKY ANALYTICS, LLC | | |
| EFFECTIVE DATE: | | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XXX ARTICLES OF ORGANIZATION | 17 KOV 22 | i |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | 64 :31 Hg | 1. 18 J |
| CONTACT PERSON: Roxanne Turner - EXT. | | |

¥ :

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| BLUE SKY ANALYTI | | | |
|---|---|--|--|
| (Must contain | the words "Limited L | iability Company | , "L.L.C" or "LLC.") |
| RTICLE II - Address: he mailing address and street addr | ress of the principal of | fice of the Limite | d Liability Company is: |
| <u>Principal (</u> | Office Address: | | Mailing Address: |
| 130 SE Tramonto Stre | | |) SE Tramonto Street |
| | | 474 | 4 O4 1 E1 04004 |
| | . Registered Office, & most serve as its own I | Registered Age | rt St. Lucie,FL,34984 ent's Signature: You must designate an individual or |
| RTICLE III - Registered Agent. The Limited Liability Company ca- nother business entity with an acti | . Registered Office, & mot serve as its own I ive Florida registration | k Registered Age Registered Agent. | ent's Signature: |
| RTICLE III - Registered Agent. The Limited Liability Company canother business entity with an action of the name and the Florida street add | . Registered Office, & mot serve as its own I ive Florida registration | c Registered Agent. (a) | ent's Signature: |
| RTICLE III - Registered Agent. The Limited Liability Company canother business entity with an action he name and the Florida street add | , Registered Office, & mot serve as its own f ive Florida registration dress of the registered | c Registered Agent. (a) | ent's Signature: |
| RTICLE III - Registered Agent. The Limited Liability Company canother business entity with an action he name and the Florida street add | , Registered Office, & mot serve as its own f ive Florida registration dress of the registered | c Registered Agent. (Agent are: | ent's Signature: |
| RTICLE III - Registered Agent. The Limited Liability Company canother business entity with an action he name and the Florida street add | , Registered Office, & noot serve as its own five Florida registration dress of the registered Louis C. Morgenier | c Registered Agent) agent are: HI Name | ent's Signature: You must designate an individual or |
| RTICLE III - Registered Agent. The Limited Liability Company canother business entity with an action he name and the Florida street add | Registered Office, & noot serve as its own five Florida registration dress of the registered Louis C. Morgenier | c Registered Agent) agent are: HI Name | ent's Signature: You must designate an individual or |

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. Thereby 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 (REQUIRED)

(CONTEXUED)

17 KOV 22 PH I2: 45

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

Name and Address:

Filing Fees:

Louis C. Morgenier III, Authorized representative of a member

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree fearny as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

"MGR" = Manager

"AMBR" = Authorized Member

\$ 5.00 Certificate of Status (Optional)

17 KOV 22 PH 12: 4.0