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(Red	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

D O'KEEFE MAY 1 6 2018

TO: **New Filing Section** Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: 125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address

> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ns Research, LLC		
(Must c	contain the words "Limited l	Liability Compar	ny, "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stree	et address of the principal o	ffice of the Limit	ted Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
153 North River Drive East			53 North River Drive East
<u>Jupiter, FL 33458</u>	Jupiter, FL 33458		piter, FL 33458
The Limited Liability Comp	Agent, Registered Office, any cannot serve as its own	& Registered A	gent's Signature:
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered A Registered Ager n.)	gent's Signature:
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered A Registered Agern.)	gent's Signature:
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered A Registered Ager n.)	gent's Signature:
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered A Registered Agern.) agent are:	gent's Signature:
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered Edward J. Petuch	& Registered A Registered Ager n.) agent are: Name	gent's Signature: at. You must designate an individual
The Limited Liability Comp nother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered Edward J. Petuch	& Registered A Registered Ager n.) agent are: Name	gent's Signature: at. You must designate an individual

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 (REQUIRED)

(CONTINUED)

18 MAY IO PH 1:5

	Title:	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager		
	Manager	Edward J. Petuch	
	- 	153 North River Drive East	
		Jupiter, FL 33458	
	-		
(If an e the dat <u>Note:</u>	effective date is listed, the date must be s te of filing.) If the date inserted in this block does not	te of filing: . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as	
the do-	cument's effective date on the Departmen	nt of State's records.	
4RTIC	JULE VI. Outer provisions, if any.		
ARTI(CLE VI: Other provisions, if any.		
ARTIC	REQUIRED SIGNATURE:	a Alphoret	
ARTIC	REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fal	nember or an authorized representative of a member. The state of a member of	
ARTIC	REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fal	number or an authorized representative of a member, auted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)