

L 18000157050

Florida Department of State  
Division of Corporations  
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LKGRABER@LIVE.com  
Email Address: \_\_\_\_\_

RECEIVED  
2018 JUN 27 AM 11:11  
CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
ACROSS OCEANS ANALYTICS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ACROSS OCEANS ANALYTICS LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

5973 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS, FL 33418

1321 UPLAND DRIVE, #7215  
HOUSTON, TX 77043

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LEAH GRABER

Name

5973 GOLDEN EAGLE CIRCLE

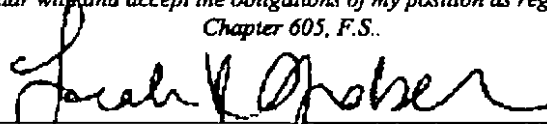
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33418

City

Zip

*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)

LEAH GRABER

(CONTINUED)

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**ARTICLE IV-**

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

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

Name and Address:  
LEAH GRABER  
5973 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS, FLORIDA 33418

AMBR

ADAM GRABER  
5973 GOLDEN EAGLE CIRCLE  
PALM BEACH GARDENS, FLORIDA 33418

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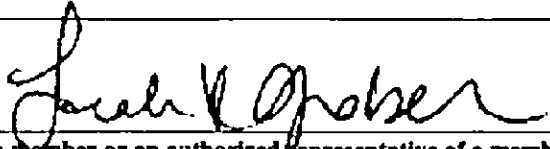
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**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.)

LEAH GRABER

Typed or printed name of signee