

LIB 286465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

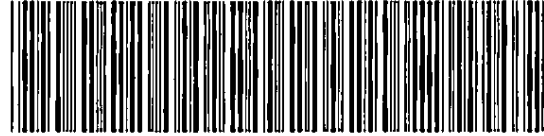
(Document Number)

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18 DEC 14 PM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Accessed Labs, LLC</u>	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_\_ CERTIFIED COPY    ☒ PHOTOCOPY    \_\_\_\_ C.U.S.

### FILING:

\_\_\_\_ CORPORATION    ☒ LLC    \_\_\_\_ LIMITED PARTNERSHIP    \_\_\_\_ GENERAL PARTNERSHIP  
\_\_\_\_ FICTITIOUS NAME    \_\_\_\_ SERVICE MARK/TRADEMARK    \_\_\_\_ AMENDMENT  
\_\_\_\_ FOREIGN QUALIFICATION    \_\_\_\_ JUDGMENT LIEN  
\_\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_\_ CERTIFIED COPY    \_\_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 12/14    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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18 DEC 14 PM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**ARTICLES OF ORGANIZATION**

**FOR**

**ACCESSED LABS, LLC**

**ARTICLE I - Name**

The name of this Limited Liability Company is:

ACCESSED LABS, LLC

**ARTICLE II - Business Activity**

The nature of the business of this company is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

**ARTICLE III - Address**

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

**MAILING ADDRESS**

PO BOX 986  
CHRISTMAS, FL 32780

**STREET ADDRESS**

3432 Constance Street  
Titusville, FL 32796

**ARTICLE IV -Managing Members**

This is a single-member Limited Liability Company. The name and address of the managing member is:

**NAME**

Accessed Digital LLC

**ADDRESS**

PO Box 986  
Christmas, FL 32780

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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**ARTICLE V – Registered Agent And Office And Registered Agent's Signature**

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

**NAME**

Jill Barrett

**ADDRESS**

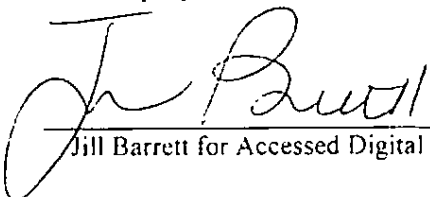
3432 Constance St  
Titusville, FL 32796

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

  
\_\_\_\_\_  
Jill Barrett, Registered Agent

**ARTICLE V - Effective Date**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

  
\_\_\_\_\_  
Jill Barrett for Accessed Digital LLC, Managing Member

(In accordance with Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

**FILED**  
**18 DEC 14 PM 11:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**