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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if kno	(OFFICE USE ONLY)
1. <u>Independent Forensics Group. LLC</u> Name	Document Number (if known)
x Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication INC OTHER	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement
Statement of Authority APOSTIL () COUNTRY	Trademark Other
	EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations				
Independent Forensics (SUBJECT:	Group, LLC			
SUBJECT:	Name of Limited	Liability Company		
The enclosed Articles of Organization	n and fee(s) are sub	mitted for filing.		
Please return all correspondence conc	erning this matter to	o the following:		
Marshall Kobrin				
	Na	ime of Person		
AEGIS LAW				
 	Fi	rn/Company		
100 S Ashley Dr Ste 620				
 	 	Address		
Tampa, FL 33602				
lros@aegislaw.com	City/St	tate and Zip Code		
 	ss; (to be used for fu	uture annual report notification)		
For further information concerning this	matter, please call:			
Marshall Kobrin	813 at (999-0199		
Name of Person		ode Daytime Telephone Number		
Enclosed is a check for the following	amount:			
■\$125.00 Filing Fee □\$130.00	Filing Fee & I	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy ditional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address		
New Filing Section	.*	New Filing Section Division		
Division of Corpora P.O. Box 6327	auons	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314		Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name	of the Limited Liability Company is:					
	Independent Forensics Group, LLC				_	
	(Must contain the words "Limited Lie	ability Company,	"L.L C.," or "LLC.")		_	
	E II - Address: ng address and street address of the principal offi	ice of the Limited	Liability Company is:			
	Principal Office Address:		Mailing Addres	<u>s</u> :		
	14118 Colonial Spring Way	1411	8 Colonial Spring Way			
	Orlando, Florida 32826	Orla	ndo, Florida 32826		_	
(The Lim another 1	E III - Registered Agent, Registered Office, & ited Liability Company cannot serve as its own Rousiness entity with an active Florida registration, and the Florida street address of the registered a	egistered Agent.)		ridual or	2020 NOV 20	" <u>1</u>
	AEGIS LAW			• •	20	=
	}	Name	· · · · · · · · · · · · · · · · · · ·	3 **	PH	. 1
	100 S Ashley Dr Ste 62	20				1
	Florida street address (P.O. Box NOT a	cceptable)	- - -	: 12	
	Tampa FL 33602					
	1411154 13 33 30 30					

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..

Marchall Kobrin , AEGIS LAW

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Expat LLC 14118 Colonial Spring Wav
	Orlando. Florida 32826
~ ~	
(Use attachment if necessary)	
If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does n	late of filing:
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	ent of State's records.
•	
REQUIRED SIGNATURE:	and Patil
This document is exc I am aware that any I	member or an authorized representative of a member, couted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Himesh Patel	
	Typed or printed name of signee

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)