## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-8600 Phone

Fax Number : (323)962-3889

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Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Roots Research LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	<b>\$</b> 155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### Roots Research LLC

(Must conatin 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:

<u>Mailing Address</u> :		
S Eternal Prince Dr.		
City Center, Florida 33573		

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:

United States Corpo	ration Agents, Inc.	
	Name	
5575 S. Semoran Bl	vd. Suite 36	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	FL	32822
Cly ·	State	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 (RECUREE)

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

<u>Title:</u>		Name and Address:	
AMBR = A	uthorized Member		
"MGR" = Ma	nager		
AMBR		Patrick Benjamin Province	
<del></del>		4403 Eternal Prince Dr.	
		Sun City Center, Florida 33573	
AMBR		Timothy Novak	
	<del></del>	4403 Eternal Prince Dr.	
		Sun City Center, Florida 33573	
AMBR		Dillon Minton	
	<del></del>	4403 Eternal Prince Dr.	
		Sun City Center, Florida 33573	
AMBR		Major Robert Brightwell	
	<del></del> -	4403 Eternal Prince Dr.	
		Sun City Center, Florida 33573	
(If an effective date is I the date of filing.) Note: If the date inser	listed, the date must be sported in this block does not not go date on the Department.	of filing:	ess days prior to or 90 days after
REQUIRED	SIGNATURE:	CM	
	Signature of a ma	ember or an authorized representative of	
		ted in accordance with section 605.0203 (1	
		information submitted in a document to the	
		e felony as provided for in s.817.155, F.S.	-
	Character	Lundra in transition	
	Uneyenne Mosek	ey, Legalzoom.com, Inc. Typed or printed name of signee	
		r ybeg or bringed name of states	

#### 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)

## Attachment to

## Articles of Organization for

# Roots Research LLC

Additional members of the Limited Liability Company are:

Name of Member	Address
Joseph Connor	4403 Eternal Prince Dr., Sun City Center, Florida 33573
Thorstein Fougner Bjerknes	4403 Eternal Prince Dr., Sun City Center, Florida 33573
Wesley James Legan	4403 Eternal Prince Dr., Sun City Center, Florida 33573