Division of Corporations **Electronic Filing Cover Sheet**

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(((H22000001801 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Phone Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

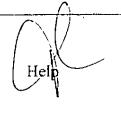
Email Address:

FLORIDA LIMITED LIABILITY CO.

Vintell Analytics, LLC

	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	C	LE	I	-	N	a	me:	
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The name of the Limited Liability Company is:

Vintell Analytics, LLC

(Must contain 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:

To:

Principal Office Address:	Mailing Address:
1373 Lancaster Road	1373 Lancaster Road
Manheim, PA 17545	Manheim, PA 17545

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:

Registered Agen	its Inc.	
	Name	
7901 4th St N S	TE 300	
Florida street address	(P.O. Box NOT a	cceptable)
St. Petersburg	FL	33702
City	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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

.. To:__.

(((H220000018013)

<u>Title:</u>		Name and Address:
'AMBR" = <i>i</i>	Authorized Member	
"MGR" = M	anager	
MGR		Keith W. McCord
		3758 Affirmed Drive
		Florissant, MO 63034
MGR		Robert M. Hollenshead
		1373 Lancaster Road
		Manheim, PA 17545
` EV: Effecti	nent if necessary) we date, if other than the	ne date of filing: (OPTIONAL)
EV: Effecti ective date is of filing.) the date inso	ve date, if other than the listed, the date must	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
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E V: Effective date is of filing.) the date insoment's effective VI: Other	ve date, if other than the listed, the date must exted in this block does live date on the Departure oprovisions, if any. Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not the timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.