Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address:____CJORDANDOLES@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.

Advanced Analytics LLC

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H22000155623

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Advance	ed Analytics LLC
	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6911 Nobleton Drive	6911 Nobleton Drive
Windermere, FL 34786	Windermere, FL 34786
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida	as its own Registered Agent. You must designate an individual or
The name and the Florida street address of the	registered agent are:
C. Jordan Doles	
	Name
6911 Nobleton D	rive
Florida street address	(P.O. Box NOT acceptable)
Windermere	FL 34786
City	Zip
the place designated in this certificate, I her capacity. I further agree to comply with the p	o accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance sept the obligations of my position as registered agent as provided for in Chapter 605, F.S

H22000155623

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Christopher Jordan Doles
	6911 Nobleton Drive
	Windermere, FL 34786
·	
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the fective date is listed, the date must lof filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the fective date is listed, the date must lof filling.) LE VI: Other provisions, if any. REOUIRED SIGNATURE:	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat 1 am aware that any fa	specific and cannot be more than five business days prior to or 9 sple for the bulbs of a member.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat 1 am aware that any fa	a member of an authorized representative of a member. ction 605.0203(1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ilse information submitted in a document to the Department of State

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