Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: 1

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A

Account Number : 075350000514 Phone : (727)442-1200

Fax Number

: (727)443-5829

**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.

INDEPENDENT DEMAND VERIFICATION, L.L.C.

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	l - Name:

The name of the Limited Liability Company is:

INDEPENDENT DEMAND VERIFICATION, L.L.C.

(Must contain the words "Limited Liability Company, "L.i., C.," or "LLC.")

ARTICLE II · Address:

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

Principal Office Address:

Mailing Address:

1245 COURT STREET CLEARWATER, FL 33756 1245 COURT STREET CLEARWATER, FL 33756

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:

ALAN S. GASSMAN, ESQ.

Name

1245 COURT STREET

Florida street address (P.O. Box NOT acceptable)

CLEARWATER

FI.

33756

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)

SECRETARY OF STATE

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