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## Florida Department of State Division of Corpo

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(((H24000309372 3)))



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## FLORIDA LIMITED LIABILITY CO. Data Unlimited, LLC

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H24000309372 3

## **COVER LETTER**

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The enclose	ed Articles of (	Organization and fee	;(\$) are	submitted	for filing.	
Please retui	m all correspon	ndence concerning t	his mat	iter to the fo	ollowing:	
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				Name of	Person	
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				Firm/Co	mpany	
	3825 PGA B	Ivd., Suite 701				
				Addr	ess	
	Palm Beach	Gardens, FL 33410				
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1 4 7 2 1 1 2 1	Rebecca Bye		. 50	61	626-2101	
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Division of Corporations
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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 24 SEP 11 AH 8: 52

H24000309372 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTRI	ENOTOR CONTROL		
ARTICLE I - Name: The name of the Limited Li	ability Company is:		
Data Unlimited.	LLC contain the words "Limited Liability	Company, "L.L.C.," or	*LLC.")
(Musi	Contain the words Chilico Ciaonny	Company Sistery	
ARTICLE II - Address: The mailing address and str	eet address of the principal office of	the Limited Liability Co	mpany is:
<u>Pr</u>	incipal Office Address:	М	alling Address:
	1.0 (4.200	2000 Glades Roa	d. Suite 200
2000 Glades Ro Boca Raton, FL	33431	Boca Raton, FL	33431
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Boca Raton, FL  ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, & Registered Name Registered agent an active Florida registration.)  Complete, Singer, Baseman & Name  3825 PGA Blvd., Suite 701  Florida street address (P.O.	Boca Raton, FL.  stered Agent's Signatus red Agent. You must des ure:  Braun, LLP  Box NOT acceptable)	1343 i

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)

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H24000309372 3

<u> Citie:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Aaron Singerman
HON	2000 Glades Road, Suite 200
	Boca Raton, FL 3343!
MGR	Kevin Mastaler
· · · · · · · · · · · · · · · · · · ·	2000 Glades Road, Suite 200
	Bocs Raton, FL 33431
-	
EV: Effective date, if other than the ctive date is listed, the date must	the date of filing: (OPTIONAL)  The specific and cannot be more than five business days prior to or 90 days.
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EV: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	of a member or an authorized representative of a member, a executed in accordance with section 605 0207 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.