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# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: 1931 Analytics LLC.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cameron D. CARPENTER
1931 Amonytics LLC. Firm/Company
3353 Dumn Ave Ste 3 # 1016
City/State and Zip Code  Cameron Carpenter © 1931 and 14+705 - Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Camous Caypener at (762) 683-9633  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S130.00 Filing Fee Scriffied Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
1931 Analytics LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

ARTICLE 1 - Name:

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

3353 Dunn Ave	3353 Dinn Ave
Ste 3 #1016	Ste 3 #1016
Jorrsonville, FL 32218	Jacksonville, PL 37218
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Principal Office Address:

Stravelin L. Carepentere

Name

Name

Name

Name

Name

Name

Northere

Name

Not acceptable)

SockSonville, FL 32218

City State Zip

Mailing Address:

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)

<b>Title:</b> "AMBR" = Authorized Meinber	Name and Address:
"MGR" = Manager	Cameron D. Carpenter 3353 Dum Ave Ste 3 #F1016 Jacksonville, PL 32218
MER	CCCII L. COMPENSER 3353 DUMA ARE DOXXSOMINE, FL 32218
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
This document is en am aware that any	a member or an authorized representative of a member. Accuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  ACCIN ACCORDANCE  Typed or printed name of signee
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Options	Filing Fees: FOrganization and Designation of Registered Agent II)

as

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)