

Document Number Only

L 95 000000167

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, etc. 200

Address

Tallahassee, FL 32301 (904) 656-0290

City

State

Zip

Phone

CORPORATION(S) NAME

Risk Advisory Services, L.C.

Profit

() NonProfit

Private
Limited
Company

() Amendment

() Merger

() Foreign

() Dissolution/Withdrawal

() Mark

() Limited Partnership

() Annual Report

() Other:

() Reinstatement

() Reservation

() Change of R.A.

() Certified Copy

() Photo Copies

() Fictitious Name

() CUS / G/S

() Call When Ready

() Call If Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

3/3/95

3.00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

RECEIVED MAR 5 1995

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

Risk Advisory Services, L.C.

ARTICLE II
ADDRESS

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

280 West Canton Avenue
Suite 250
Winter Park, Florida 32789

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be:

March 1, 2025

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by managers and the names and addresses of such managers who are to serve as managers are:

Peter Scanlan: 15 Summer Hill Rd., Westport, Connecticut 06880
Thomas Houldsworth: 2200 Venetian Way, Winter Park, Florida 32789
Roland Pike: 9 Lorraine Circle, Storrs, Connecticut 06268

ARTICLE V
REGISTERED AGENT

The name and street address of the initial registered agent of the Limited Liability Company is:

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

Prine Paul

280 West Canton Avenue
Suite 250
Winter Park, Florida 32789

John H. Smith

(Date)

By: Carmen B. [Signature]
(Signature)

(Type Name of Officer)

(Title of Officer)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Risk Advisory Services, L.C. deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the members is \$10,000.00.
- 3) if any, the agreed value of property other than cash contributed by members is \$0. A description of the property, if any, is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by members is \$10,000.00. This total includes amounts from 2 and 3 above.

Re Advisory Services, Inc.



By: Peter Seanlan
Its: President

FILE NOW: Fee after May 1, will be \$263.75

L9500000167
LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 FEB 21 AM 9:25

SECRET
TALLAHASSEE, FLORIDA

FILING FEE \$230.75
Annual Report \$100.00 + \$130.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000167
RISK ADVISORY SERVICES, L.C.
280 W CANTON AVE SUITE 250
WINTER PARK FL 32789

1a. Principal Place of Business Address
280 W CANTON AVE SUITE 250
WINTER PARK FL 32789

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Organized or Qualified
03/03/1995

3a. State of Formation
FL

4. FET Number
06-1420355
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
☐ \$5.75 Additional Fee Required

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (FET# Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCANLAN, PETER	15 SUMMER HILL ROAD	WESTPORT FL CT
MGR	HOULDSWORTH, THOMAS	2200 VENETIAN WAY	WINTER PARK FL
MGR	PIKE, ROLAND	9 LORRAINE CIRCLE	STORRS CT
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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: Roland M. Pike 2/19/96 (2631222877)