

L98000000304
TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800002451408--7
-03/09/98--01167--001
****146.87 ****146.87

SUBJECT: Versant Consulting Group, LLC
(Proposed limited liability company name - must include suffix)

800002451408--7
-03/09/98--01167--002
****146.88 ****146.88

Enclosed is an original and one (1) copy of the articles of organization and a check for :

\$285.00
Filing Fee
& Registered
Agent designation

\$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

\$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

\$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FILED
09/MAR -9 PM 3:35
OFFICE OF THE STATE
TELEGRAM
FLORIDA

FROM: DAVID L. HARKINS
Name (Printed or typed)

5339 Noble Cir. N
Address

Jacksonville, FL 32211
City, State & Zip

904.725.1646
Daytime Telephone number

L98-304

Name Availability	OK 3-
Document Examiner	OK
Updater	OK
Under Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

NOTE: Please provide the original and one copy of the articles.

Articles of Organization

of

Versant Consulting Group, LLC

Under and Pursuant to Section 608.407 of the Limited Liability Company Law of the State of Florida

The undersigned, being the organizers of the Limited Liability Company, do hereby certify as follow:

- a) The name of the Limited Liability Company is:

Versant Consulting Group, LLC

- b) The principal office of the Limited Liability Company shall be located in the County of Duval.
- c) The Limited Liability Company has a specific date of dissolution in addition to the events set forth in Section 608.407 of the Limited Liability Company Law of the State of Florida. Such date is which is the latest date upon which the Limited Liability Company is to dissolve. The Limited Liability Company shall dissolve and terminate not later than the earliest of the following events:
- i) The occurrence of the termination events specified in the operating agreement of the LLC.
- ii) Written consent of all Members.
- iii) Thirty years from the date of the formation of the Limited Liability Company.
- d) The Secretary of State is designated as the agent of the Limited Liability Company upon whom process against the Limited Liability Company may be served, and the address to which the Secretary of State shall mail a copy of any process against the Limited Liability Company served upon him is:

Versant Consulting Group, LLC
626 Marsh Landing Parkway
Ste 175
Jacksonville Beach, FL 32250

SECRETARY OF STATE
99 MAR -9 PM 3:35
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- e) The Limited Liability Company shall have a registered agent. The address of the initial registered agent of the Limited Liability Company shall be 5339 Noble Circle North, Jacksonville, FL 32211 and the name of the registered agent is David Harkins.
- f) The Limited Liability Company shall be managed by one or more classes of Members consisting of Managing Members and Members. These classes have different rights, powers, and duties as provided for in the Operating Agreement. The names and addresses of the originating Managing Members are attached as Addendum A.
- g) The Members of the Limited Liability Company elect to include the following additional provisions in these Articles of Organization for the regulation of the internal affairs of the Limited Liability Company:
 - i) The Limited Liability Company can carry on and engage in any lawful business purposes permitted under state law.
 - ii) All capital contribution commitments must be performed by a Member.
 - iii) Management of the Limited Liability Company rests with the members in relative proportion to their capital accounts.
 - iv) Members cannot admit new Members without the unanimous vote of Members.
 - v) Only the Managing Members can contract Limited Liability Company debts.
 - vi) A Member, before withdrawing from the Limited Liability Company must provide six months' written notice.
 - vii) A Member cannot assign his or her Limited Liability Company interest, in whole or part, without the approval of a majority of the nonassigning Members.
 - viii) The unanimous consent of the Members is required for an assignee to become a Member.

IN WITNESS WHERE OF, We the undersigned sign by our names this 14 day of February, 1998 and affirm under penalties of perjury that the statements in these Articles are true.



 David L. Harkins, Organizer



 Johnnie Edwards, Organizer

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 09 MAR -9 PM 3:35

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State of FLORIDA)

:SS.:

County of DUVAL)

On this 14th day of February, 1998, before me came David L. Harkins to me known and known to me to be the individual described in and who executed the forgoing instrument, and such person duly acknowledged to me that he understood the meaning of the instrument and that he executed the same as his act and deed, as a Member of the Limited Liability Company named herein, and with full authority to act on behalf of such LLC, and that he is over the age of 18.

Christopher J. Kozak

Notary Public

My commission expires: _____



Christopher J. Kozak
MY COMMISSION # CC670056 EXPIRES
August 7, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

(SEAL)

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98 MAR -9 PM 3:35
SECRETARY OF STATE
STATE OF FLORIDA

State of FLORIDA)

:ss.:

County of DUVAL)

On this 14th day of Feburary, 1998, before me came Johnnie Edwards to me known and known to me to be the individual described in and who executed the forgoing instrument, and such person duly acknowledged to me that he understood the meaning of the instrument and that he executed the same as his act and deed, as a Member of the Limited Liability Company named herein, and with full authority to act on behalf of such LLC, and that he is over the age of 18.

Christopher J. Kozak

Notary Public



Christopher J. Kozak
MY COMMISSION # CC670056 EXPIRES
August 7, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

(SEAL)

My commission expires: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDENDUM A.

The names and addresses of the Originating Managing Members are:

1. David L. Harkins
5339 Noble Circle North
Jacksonville, FL 32211
2. Johnnie Edwards
842 Shoreline Circle
Ponte Vedre Beach, FL 32082

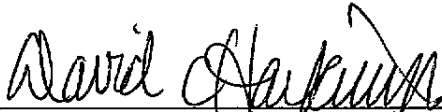
98 MAR -9 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member or authorized representative of a Member of **Versant Consulting Group, LLC** 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: \$ 1,000.00
3. if any, the agreed upon value of property other than cash contributed by Members is: \$ --0--
4. The amount of cash or property anticipated to be contributed by Members is: \$10,000.00
5. The total amount of 2, 3 and 4 is: \$11,000.00



Signature of a member or authorized representative of a member.
(In accordance with section 608.408 (3), Florida Statutes,
the execution of this affidavit constitutes an affirmation
under the penalties of perjury that the facts stated
herein are true.)

98 MAR -9 PM 3:35
SECRETARY OF STATE
FLORIDA

FILED

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member or authorized representative of a Member of **Versant Consulting Group, LLC** 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: \$ 1,000.00
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4. The amount of cash or property anticipated to be contributed by Members is: \$10,000.00
5. The total amount of 2, 3 and 4 is: \$11,000.00

Johnnie Edwards
Signature of a member or authorized representative of a member.
(In accordance with section 608.408 (3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
98 MAR -9 PM 3:35
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Versant Consulting Group, LLC

2. The name and address of the registered agent and office is:

David L. Harkins

(Name)

5339 Noble Cir. N

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32211

(City/State/Zip)

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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.

David L. Harkins

(Signature)

2.13.98

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent