

May 19, 2001

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Secretary:

Please accept these applications and check for the purpose of Filing the Articles of Organization for a Limited Liability Company.

As authorized Agent for this LLC, I may be contacted at:

813.887.4530

8415 Flagstone Drive Tampa, Florida 33615.

Please make the date of Organization May 22, 2001.

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Thank you for processing this.

Sincerely Gary R. Ward

President ( ProPerform Training and Consulting, LLC.



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

PROPERFORM TRAINING AND CONSULTING, LLC.

## ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the Limited Liability Company is: Image: Process of the principal office of the principal office of the Limited Liability Company is: Image: Process of the principal office of

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>CJARY K. WMM</u> Name <u>3415 FLAGSTONE DRIVE</u> Florida street address (P.O. Box <u>NOT</u> acceptable) TAMPA FL <u>33615</u> State and 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 608, F.S..

Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.  $\langle \mathcal{D} \rangle$ 

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GARY R. WARD

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)