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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 205-0383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES  
Account Number : I19980000007  
Phone : (407) 425-1020  
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02 JAN -9

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY  
SKILL DEVELOPMENT SYSTEMS, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is SKILL DEVELOPMENT SYSTEMS, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1515 South Orlando Avenue, Maitland, Florida 32751.

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

The name and Florida street address of registered agent are:

Mark L. Ornstein  
2 South Orange Avenue  
5<sup>th</sup> Floor  
Orlando, FL 32801

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.

  
Mark L. Ornstein, Registered Agent

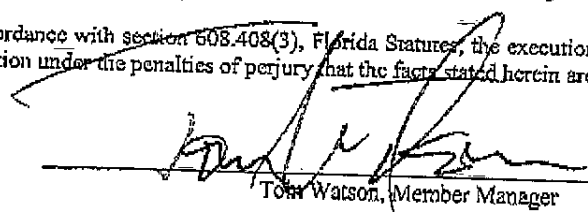
**ARTICLE IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

  
Tom Watson, Member Manager

(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.)

  
Tom Watson, Member Manager

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