CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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800007312428--3 -08/23/02--01033--017 ****198.75 ****155.00

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Signature

Requested by:

Name

Walk-In

Date	Time	
Will Pick Up		

	Art of Inc. File
	LTD Partnership File
<u></u>	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search W02 - 246/3
	UCC 11 Retrieval J. BRYAN AUG 2 3 2002

UCC 11 Retrieval

Courier_

J. BRYAN AUG 2 6 2002



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 23, 2002

CAPITAL CONNECTION, INC.

SUBJECT: AMERICAN TAEKWONDO ORGANIZATION

Ref. Number: W02000024613

We have received your document for AMERICAN TAEKWONDO ORGANIZATION and your check(s) totaling \$198.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words imited company, "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 202A00049671

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

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District of Community D.O. DOV 2007 Well-bound Blood 1, 2001 A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN TAEKWONDO ORGANIZATION, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Com 10506 SKYLARK PLACE RIVERVIEW, FLORIDA 33569

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

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

DALE F. KASHAKITIS 10506 SKYLARK PLACE Florida street address (P.O. Box NOT acceptable) RIVERVIEW, FLORIDA 33569 City, 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.

(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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent !

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)