Florida Department of State

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. IVISION OF CORPORATION

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number: 120010000078
Phone: (407)843-8880
Fax Number: (407)244-5590

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LIMITED LIABILITY COMPANY

EXPERIENCE INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
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<u>ARTICLES OF ORGANIZATION</u> FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPERIENCE INTERNATIONAL, LLC

ARTICLE II - Address:

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

8734 PALM LAKE DRIVE ORLANDO, FLORIDA 32819

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> MICHAEL E. NEUKAMM, GRAY, HARRIS & ROBINSON, P.A. 301 E. PINE STREET, SUITE 1400 ORLANDO, FLORIDA 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.

Article IV - Management:

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

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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.

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE

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) 55.00 Certificate of Stanus (OPTIONAL)

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