

**L03000052178**

Florida Department of State  
Division of Corporations  
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(((H03000334386 3)))

**DETECTIVE DATA**  
**1-1-04**

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From:

Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 875-1333  
Fax Number : (813) 875-2703

**LIMITED LIABILITY COMPANY**

**The Professional Development Group, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**12-12-03**

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

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**The Professional Development Group, LLC**

The mailing address and street address of the Limited Liability Company are :

**6601 Lakeshore Lane, Suite 714  
Fort Myers, FL 33912**

**EFFECTIVE DATE**  
1-1-04

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon January 1, 2004.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**6601 Lakeshore Lane, Suite 714  
Fort Myers, FL 33912**

and the name of its registered agent at such address is:

**Gary C. Fisher**

**ARTICLE VI**  
**Effective Date**

The effective date of this Limited Liability Company shall be January 1, 2004.

**ARTICLE VII**  
**Management**

This Limited Liability Company shall have Three manager(s), and is therefore, a manager-managed Company. The name and address of the manager(s) are:

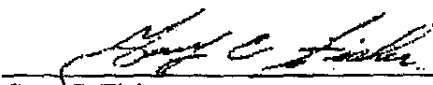
**Name and Address**

**Gary C. Fisher  
6601 Lakeshore Lane, Suite 714  
Fort Myers, FL 33912**

**Linda R. Ford  
6601 Lakeshore Lane, Suite 714  
Fort Myers, FL 33912**

**Jodie Bender  
789 Lintn Hill Rd.  
Newtown, PA 18940**

Dated: Thursday, December 11, 2003

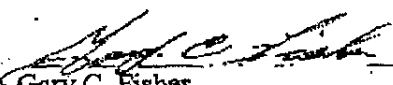
  
Gary C. Fisher

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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: December 11, 2003  
\_\_\_\_\_  
Gary C. Fisher

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