

W4 0000 19057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W4-19057
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enitia corporation

EMPOWERING • AMERICA'S • ENTREPRENEURS

enitia corporation
p.o. box 495
dexter, mi 48130

February 24, 2004

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Training by Design, LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Joanne C. Simpson to file the enclosed Articles for Corporate Training by Design, LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

Enitia Corporation
P.O. Box 495
Dexter, MI 48130

1-734-417-2255
edstahlin@enitia.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,


Ed Stahlin
Enitia Corporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Corporate Training by Design, LLC

ARTICLE II - Address:

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

4706 4th Ave. E
Bradenton, FL 34208

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

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

Joanne C. Simpson

Name

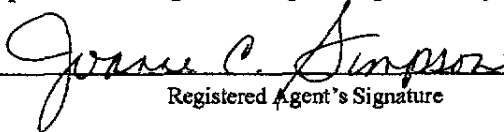
4706 4th Ave. E

Florida street address (P.O. Box NOT acceptable)

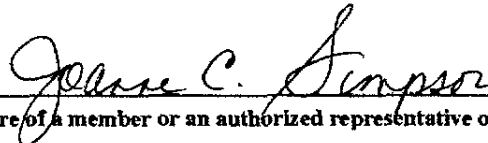
Bradenton, FL 34208

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



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.)

Joanne C. Simpson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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