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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAR 28 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rita Crockett Volleyball Camps and Clinics LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rita Buck-Crockett
(Name of Person)

Rita Crockett Volleyball Camps and Clinics, LLC
(Firm/Company)

4069 Shady View Ln.
(Address)

Tallahassee, Fl. 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

Rene' Buck at (850) 3213024
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Rita Crockett Volleyball Camps and Clinics, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4069 Shady View Ln.
Tallahassee, FL. 32311

Mailing Address:

4069 Shady View Ln.
Tallahassee, FL. 32311

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

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

Rita Buck-Crockett
Name

4069 Shady View Ln.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32311
City, State, and Zip

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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..

Rita Buck-Crockett
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
~~MGRM~~	~~René' Buck~~ ~~4069 Shady View Ln.~~ ~~Tallahassee, Fl. 32311~~
MGRM	Rita Buck-Crockett 4069 Shady View Ln. Tallahassee, Fl. 32311

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Rita Buck-Crockett
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.)

Rita Buck-Crockett
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)