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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

05/23/05--01024--0111 \*\*155.00

\_\_\_\_\_  
(Business Entity Name)

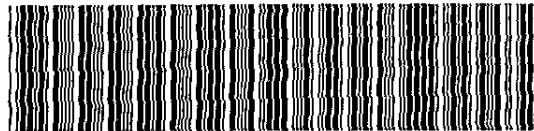
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(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orientation Pro, 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:

Lisbeth Cherry  
(Name of Person)

Orientation Pro, LLC  
(Firm/Company)

13057 Park Blvd., Suite 200  
(Address)

Seminole, FL 33776  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisbeth Cherry at ( 727 ) 393-7737  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee    \$130.00 Filing Fee &  
Certificate of Status    \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)    \$160.00 Filing  
Certificate of Status  
Certified Copy  
(additional copy is enclosed)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Orientation Pro, LLC

### ARTICLE II - Address:

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

Principal Office Address:

13057 Park Blvd., Suite 200  
Seminole, FL 33776

Mailing Address:

13057 Park Blvd., Suite 200  
Seminole, FL 33776

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

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

Samantha Chechelle

Name

13057 Park Blvd., Suite 200

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

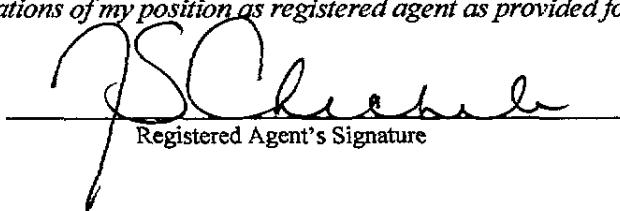
Seminole, FL 33776

FL

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.*

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\_\_\_\_\_  
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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Lisbeth Cherry

13057 Park Blvd., Suite 200

Seminole, FL 33776

MGRM

Samantha Chechele

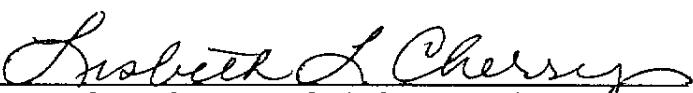
13057 Park Blvd., Suite 200

Seminole, FL 33776

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



Lisbeth L Cherry

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.)

Lisbeth Cherry

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA

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