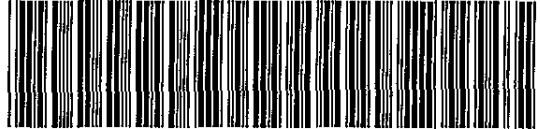


U05000070224

(Requestor's Name)

(Address)



500057101295

MyCorporation.com

Business Starts Here!

30141 Agoura Road, Suite 205 • Agoura Hills, CA 91301



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status _____

Special Instructions to Filing Officer:

7/11

FL UC

Office Use Only

07/11/05--01033--015 **155.00

M. HODGES

CEJL 11 PM 2:45

**Articles Of Organization
For
Florida Limited Liability Company

Key Training ServicesL.L.C.**

ARTICLE I - Name:

The name of the Limited Liability Company is Key Training ServicesL.L.C.

ARTICLE II - Address:

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

1203 Country Trails Dr.
Safety Harbor, Florida 34695

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Arlan Larson
1203 Country Trails Dr.
Safety Harbor, Florida 34695

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.


Arlan Larson, Organizer

(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.)

05 JUL 11 PM 2:45

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Key Training Services L.L.C.
2. The name and the Florida street address of the registered agent is:

Arlan Larson
1203 Country Trails Dr.
Safety Harbor, Florida 34695

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.


Arlan Larson, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent

05 JUL 11 PM 2:45

**Articles Of Organization
For
Florida Limited Liability Company

Key Training ServicesL.L.C.**

ARTICLE I - Name:

The name of the Limited Liability Company is Key Training ServicesL.L.C.

ARTICLE II - Address:

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

1203 Country Trails Dr.
Safety Harbor, Florida 34695

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

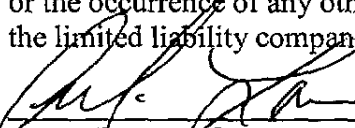
ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Arlan Larson
1203 Country Trails Dr.
Safety Harbor, Florida 34695

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.


Arlan Larson, Organizer

(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.)

05 JUN 11 PM 2:45

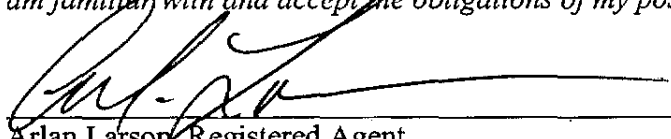
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Key Training Services L.L.C.
2. The name and the Florida street address of the registered agent is:

Arlan Larson
1203 Country Trails Dr.
Safety Harbor, Florida 34695

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.


Arlan Larson, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent