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PICK-UP W	/AIT MAIL			
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Certified Copies Ce	rtificates of Status			
Special Instructions to Filing Offi	icer:			
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## **COVER LETTER**

	egistration Se ivision of Co				
SUBJECT	r: <u>Ex</u> e	Name of Limited	ment & Courier d Liability Company)	Services LLC	
The enclos	sed Articles of	f Organization and fee(s) are so	abmitted for filing.		
Please retu	ırn all corresp	ondence concerning this matte	r to the following:		
		Dana C	hapman Name of Person)		
•	Execus	tive Managemer	of & Courjer Se Firm/Company)	errices LLC	
	410 Score Lane				
_		Kissimmee	FL 347.59 (State and Zip Code)		
		(City)	/State and Zip Code)		
For further	r information	concerning this matter, please	call:		
<u>_</u>	Dana (Name	hapman of Person)	at ( 803 ) 427- (Area Code & Daytime Te	0756 elephone Number)	
Enclosed	is a check fo	or the following amount:			
<b>\$125.00</b>	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	s:
Exclusive Manageme (Must end with the words "Limited Liability Company, "Lin	ext & Courses Services LLC, or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
410 Score Lane Kissimmee, FL 34759	410 Score Lane. Kissimmer, FL 34759
	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the Dana Ch	napman From Sixth
410 Score Florida street s	e Lane address (P.O. Box NOT acceptable)
	ee, fl. 34759 , and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
METR	Dana Chapman 410 Score lane Kissimmee, Fl. 347.59				
· · · · · · · · · · · · · · · · · · ·					
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:					
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member.				
of this document constitutes that the facts stated herein Dana L	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)  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)