| OI RAM JUOS                                       | - TATE                    |
|---------------------------------------------------|---------------------------|
| SECRETARY (Requestor's Name)  SECRETARY TALLAHASS | CF STATE<br>EE, FLORIDA   |
| (Requestors Marrie)                               |                           |
| (Address)                                         | 500067578555              |
| (Address)                                         | 300007370333              |
| (City/State/Zip/Phone #)                          |                           |
| PICK-UP WAIT MAIL                                 | 03/10/0601025006 ++160.00 |
| (Business Entity Name)                            |                           |
| (Document Number)                                 |                           |
| Certified Copies Certificates of Status           |                           |
| Special Instructions to Filing Officer:           |                           |
|                                                   |                           |
| ;;; <b>1</b>                                      |                           |
| , 造                                               |                           |

Office Use Only

## **COVER LETTER**

TO: Registration Section 2006 MAR 10 P 1:38 Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please retain all correspondence concerning this matter to the following: isa Peterson (Name of Person) For further information concerning this matter, please call: at (321) 403 - 7822 (Area Code & Dayrime Telephone Number) Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## FILED

|                                                                                                                                                                | ILED                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLES OF ORGANIZATION FOR FL                                                                                                                                | ORIDA LIMITED MARILITY COMPANY                                                                                                                                                                                                                                         |
| ARTICLE I - Name: The name of the Limited Liability Company is:                                                                                                | TALLAHASSEE, FLORIDA                                                                                                                                                                                                                                                   |
| HAILUING Training Contet  (Must cad with the words Limited Lithlity Company, Limite                                                                            | L.L.C. d Company" or their abbreviation "LLC," or "L.C.,")                                                                                                                                                                                                             |
| ARTICLE II - Address: The mailing address and street address of the pro-                                                                                       | incipal office of the Limited Liability Company is:                                                                                                                                                                                                                    |
| Principal Office Address:                                                                                                                                      | Mailing Address:                                                                                                                                                                                                                                                       |
| 505 CAMPUTAL GOVES Plyd<br>Cocoa FL 32926                                                                                                                      | 505 Chayera   Groves Blud.<br>Cocoa, FL 32926                                                                                                                                                                                                                          |
| ARTICLE III - Registered Agent, Registered (The Limited Linkility Company cannot serve as its own Regist business entity with an active Florida registration.) |                                                                                                                                                                                                                                                                        |
| The name and the Florida street address of the re                                                                                                              | egistered agent are:                                                                                                                                                                                                                                                   |
| Lisa Peterson                                                                                                                                                  |                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                |                                                                                                                                                                                                                                                                        |
| 505 CANAVERAL                                                                                                                                                  | Groves Blvd.                                                                                                                                                                                                                                                           |
|                                                                                                                                                                | ress (P.O. Box NOT acceptable)                                                                                                                                                                                                                                         |
| Cocoa                                                                                                                                                          | FL 32926                                                                                                                                                                                                                                                               |
| • •                                                                                                                                                            | •                                                                                                                                                                                                                                                                      |
| liability company at the place designated in to<br>registered agent and agree to act in this capacity<br>statutes relating to the proper and complete pe       | accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
|                                                                                                                                                                |                                                                                                                                                                                                                                                                        |

(CONTINUED)
Page 1 of 2

| These                                                                                                                                                               | Name and Address:  SECRETARY                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <u>Tride:</u><br>"MGR" = Manager                                                                                                                                    | SECRET                                                            |
| "MGRM" = Managing Memi                                                                                                                                              | MALLAHASSE (ALLAHASSE                                             |
| MCR                                                                                                                                                                 | Lica Peterson                                                     |
| 11101                                                                                                                                                               | 505 CANAVERA Groves RIVJ.                                         |
|                                                                                                                                                                     | Cara FL 32926                                                     |
| ~^ ~ \ ~ \                                                                                                                                                          | James Refersor                                                    |
| MGRM                                                                                                                                                                |                                                                   |
|                                                                                                                                                                     | 505 CAMPERAL GROWS BIVS                                           |
|                                                                                                                                                                     | C1200, 100, 100, 100, 100, 100, 100, 100,                         |
| 4                                                                                                                                                                   |                                                                   |
|                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                     |                                                                   |
| (like attachment if necessary)                                                                                                                                      |                                                                   |
| (Use attachment if necessary)                                                                                                                                       |                                                                   |
| LEV: Effective date, if other                                                                                                                                       | than the date of filing: (OPTIONAL                                |
| LE V: Effective date, if other<br>flective date is listed, the date                                                                                                 | than the date of filing: (OPTIONAL                                |
| LEV: Effective date, if other                                                                                                                                       | than the date of filing: (OPTIONAL                                |
| LE V: Effective date, if other<br>flective date is listed, the date                                                                                                 | than the date of filing: (OPTIONAL                                |
| LE V: Effective date, if other<br>flective date is listed, the date                                                                                                 | than the date of filing: (OPTIONAL number than five lusiness days |
| LE V: Effective date, if other flective date is listed, the date days after the date of filing.)                                                                    | than the date of filing: (OPTIONAL number than five lusiness days |
| LE V: Effective date, if other flective date is listed, the date days after the date of filing.)                                                                    | than the date of filing: (OPTIONAL number than five lusiness days |
| LE V: Effective date, if other<br>flective date is listed, the date<br>days after the date of filing.)                                                              | than the date of filing: (OPTIONAL number than five lusiness days |
| LE V: Effective date, if other flective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:                                               | than the date of filing:                                          |
| LE V: Effective date, if other flective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of this document of this document. | than the date of filing:                                          |

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)