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SECRETARY SEE FLORIDA



COVER LETTER

TO: **Registration Section Division of Corporations
SUBJECT: Space Coast Adventive Bust Camp (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Diane Schullstrom Wood
(Name of Person)
Space Wast Adventive Boot Camp
6550 N. Wickham Rd, Suite 4
(Address)
Merbarne, F2 32940
(City/State and Zip Code)
For further information concerning this matter, please call:
D. 1 Ch 11ch 10/ 1 221 7110 6211
Dune of Person) (Area Code & Daytime Telephone Number)
(Name of Person)
Enclosed is a check for the following amount:
\$\bigsize \text{\$130.00 Filing Fee & Certificate of Status} \Bigsize \text{\$\$155.00 Filing Fee & Certificate of Status} \Bigsize \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsize \text{\$\$Certified Copy (additional copy is enclosed)} \Bigsize \Bigsize \text{\$\$Certified Copy (additional copy is enclosed)} \Bigsize \Bigsize \text{\$\$Certified Copy (additional copy is enclosed)} \Bigsize
Mailing Address Registration Section Street/Courier Address Registration Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Space Coast Boot	Camp, LIC	
(Must end with the words "Limited Liability Company, "Limite	l Company" of their abbreviation "L	.LC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	ncipal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
6550 N WickhamRd Suite 4 Melbourn, A 32940	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Diane Schul	1strom Wood	
Name	^	
<u>1931 Slone</u>	Blvd.	
-Florida street add	ress (P.O. Box NOT acceptable)	
/VUINGIVAL City, State, a	FL 2435	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature. Registered Agent's Signature.	ccept service of process for its certificate, I hereby accept I further agree to comply verticate of my duties, and its ered agent as provided for its control of the contr	nt the appointment as with the provisions of all I am familith Apd
(CONTINU Page 1 of 2	ED)	
1 495 1 012		

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

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

"MGRM" = Managing MGC	Diane Schullstrom Wood
more	1931 Slone Blvd Me Ibanne, Fr 32935
The state of the s	
(Use attachment if nece	1
ICLE V: Effective date, if effective date is listed, the good days after the date of the date.	her than the date of filing: $\frac{7/26/06}{0}$. (OPTIONAL ate must be specific and cannot be more than five business days

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.)

Schullstrom Wood

Typed or printed name of signe

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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SECRETARY OF STATE
TALLAHASSEF FINALE