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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE



## **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJ	<sub>ECT:</sub> A Step	Above of Central Flo	rida, LLC		•
			d Liability Compa	ny)	
The en	sologed Articles o	f Organization and fee(s) are s	hmittad for filing		
				•	
Please	return an corresp	ondence concerning this matte	er to the following:	:	
	Stewart B.	Capps, Esq.			
		(	Name of Person)		
	Stewart B.	Capps, P.A.			
		(	Firm/Company)		
	P.O. Box (	034021			
			(Address)		
	Indialantic	, FL 32903			
		(City	/State and Zip Code	)	
For fur	ther information	concerning this matter, please	call:		
David	d Sherlock		at ( 321 )	258-255	1
	(Name	of Person)		& Daytime Te	elephone Number)
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy i	,	\$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	Registration Olivision of Clifton Bu 2661 Execution	of Corporation	O6 TAL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
A Step Above of Central Florida, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ADMICE DAY AND	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The maning address and sheet address of the pri	neipar office of the Diffited Elability Company is.
Principal Office Address:	Mailing Address:
4260 Sparrow Hawk Road	4260 Sparrow Hawk Road
Melbourne, FL 32934	Melbourne, FL 32934
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
David Sherlock	
Name	
4260 Sparrow Hawk Road	
Florida street add	ress (P.O. Box NOT acceptable)
Melbourne	FL 32934
City, State, and	nd Zip
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and speakagent as provided for in Chapter 608, F.S
Registered Agent's Signator (CONTINUE Programme 1 of 2	-7 PM -7 PM SSEE, FI

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR" = Manager MGRM" = Managing Member  MGRM  David Sherlor  4260 Sparrow F  Melbourne, FL	Hawk Road			
MGRM David Sherloo 4260 Sparrow H	Hawk Road			
4260 Sparrow H	Hawk Road			
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Melbourne, FL	L 32934			
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Use attachment if necessary)				
ective date is listed, the date must be specific and can lays after the date of filing.)	inot pe ii	ioi e (nai	i nve busi	ness u
REQUIRED SIGNATURE:				
			<del></del>	
Signature of a member or an authorized	representa	tive of a n	nember.	
Signature of a member or an authorized of this document constitutes an affirmation that the facts stated herein are true.)	orida Statut	es, the exe	cution	
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation	orida Statut	es, the exe	cution	0
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation that the facts stated herein are true.)	orida Statut under the p	es, the exe	cution	06 AI
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation that the facts stated herein are true.)  David Sherlock  Typed or printed name	orida Statut under the p	es, the exe	cution	AUG
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation that the facts stated herein are true.)  David Sherlock	orida Statut under the p	es, the exe	cution	06 AUG - 7
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation that the facts stated herein are true.)  David Sherlock  Typed or printed name  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Design	orida Statut under the p of signee	es, the exe	cution	AUG -7
(In accordance with section 608.408(3), Flo of this document constitutes an affirmation that the facts stated herein are true.)  David Sherlock  Typed or printed name  Filing Fees:	orida Statut under the p of signee	es, the exe	cution	AUG