Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000091028 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, F.A. - ORLANDO

Account Number : I20010000078 Phone

: (407)843-8880

Fax Number

1 (407)244-5690



ORIDA/FOREIGN LIMITED LIABILITY CO.

Central Florida Kumite and Martial Arts, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

J. BRYAN

APR 1 0 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H080000910283

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

CENTRAL FLORIDA KUMITE AND MARTIAL ARTS, LLC

ARTICLE II Address

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

911 BEAR LAKE ROAD APOPKA, FLORIDA 32703

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have three (3) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

H080000910283

H080000910283

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	Street Address	
Ezy R. Rodriguez	911 Bear Lake Road Apopka, Florida 32703	o
Velia L. Rodriguez	911 Bear Lake Road Apopka, Florida 32703	OS APR
David Rodriguez	911 Bear Lake Road Apopka, Florida 32703	The Congression of the Congressi
ARTICLE V		8: 09

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

MICHAEL E. NEUKAMM, ESQUIRE GRAYROBINSON, PA 301 EAST PINE STREET, SUITE 1400 ORLANDO, FLORIDA 32801

Registered Agent, Registered Office, & Registered Agent's Signature

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

H080000910283

In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

FILING FERS: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE OF ONLY ISION OF CORPORATIONS

H08000091028 3