## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 517-6383

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800) 494-3124 Fax Number (561)455-9885 L. SELLERS

APR 1 6 2008

**EXAMINER** 

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Peak Performance Athletic Training, LLC

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Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company Is: PEAK PERFORMANCE ATHLETIC TRAINING, LLC

#### ARTICLE II ADDRESS

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

7008 SHENANDOAH CT.

TAMPA, FLORIDA 33615

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

JEFFREY D. SMILEY

7008 SHENANDOAH CT.

TAMPA, FLORIDA 33615

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

JEFFREY D. SMILEY / Registered Agent's signature

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SECRETARY OF STATE

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PEAK PERFORMANCE ATHLETIC TRAINING, LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

JEFFREY D. SMILEY

7008 SHENANDOAH CT.

TAMPA, FLORIDA 33615

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

JEFFREY D. SMILEY

stated herein are true.

Typed or printed name of signee

SECRETARY OF STATE

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