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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ecr: Martial Arts Times	
ŞUBJI	(Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Hector Feliciano	
	(Name of Person)	
	Martial Arts Timu	
	(Firm/Company)	
	GS20 Plustett St	\$2 112 94
	(Address)	1
	Hollywood F 33023 (Address) AFR JULY SSET JU	
	(City/State and Zip Code)	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
Hec	tor Felicians at (954) 237-9200 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	sed is a check for the following amount:	
□\$125	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	us &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

The second of th

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

1)

ARTICLE I - Name:

• The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the respective of the r	red Agent. You must designate an individual or another
Florida street addr Holly Wood Fl City, State, ar	ress (P.O. Box <u>NOT</u> acceptable) FL 330 23 and Zip

Having been named as registered agent and 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 comply with 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

•	•		
ADTICLETY	Managar(c) a	r Managing	Mambar(s)
AKTICLLIV	'- Manager(s) or	i wanaying	Michiner (2).

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

· Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member "MGRM"	Hector Felicismo 6520 Pluntett St H.llywood Fl 33023	
	SECRETARY OF STATE TALLAHASSEE, FLORIDA	T T
(Use attachment if necessary) ARTICLE V: Effective date, if other than the standard of the date is listed, the date must of or 90 days after the date of filing.)	the date of filing: (OPTIONA t be specific and cannot be more than five business day	AL) ys prior
REQUIRED SIGNATURE:	•	
Heth II Signature of a mem	nber or an authorized representative of a member.	
of this document con that the facts state	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ded herein are true.) Liciano Typed or printed name of signee	

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)