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2009 APR 13 PN 2: 36
SECRETARY OF STATE

C. LEWIS

'APR 142009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	(Name of Limited Liability Company)				
The encl	losed Articles of Organization and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	Jonathan Burke (Name of Person)				
The 6 Levels On-line, LLC (Firm/Company)					
5231 Lemon Twist Lave (Address)					
-	Windermere, Florida 34786 (City/State and Zip Code)				
For furth	ner information concerning this matter, please call:				
Jo	Name of Person) at (407) 902-7834 (Area Code & Daytime Telephone Number)				
	d is a check for the following amount:				
\$125.0	0 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional c				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

FILED

2009 APR 13 PM 2: 36

SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED ALARMASSEY, FLORIDANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
The 6 Levels On-Live, (Must end with the words "Limited I.	L.L.C. Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5231 Leuron Twist Lave Winder Mere, Florida 34786	5231 Lewon Twist Lane Windermere, FC 34786
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of the	-
Jonathav	1 Burke
523 Leum Wis	st Loue t address (P.O. Box <u>NOT</u> acceptable)
	e, FL 34786 ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2009 APR 13 PM 2: 36

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	Jonathan Burke 5231 Lemon Twist Lane Windermere, fr. 34786	<u>2</u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Tmathan Burke Typed or printed name of signee