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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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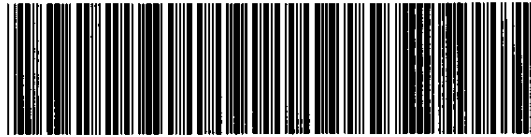
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 1 - 2009

EXAMINER

# *Battaglia, Ross, Dicus & Wein, P.A.*

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*Howard P. Ross<sup>1</sup>*

*Anthony O. Dicus, Jr.<sup>2</sup>*

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<sup>1</sup> *Board Certified Civil Trial and Business Litigation Lawyer*

<sup>2</sup> *Board Certified Appellate Lawyer*

June 26, 2009

Division of Corporations  
Post Office Box 6250  
Tallahassee, Florida 32314

**Re: Spitfire Training, LLC**

Dear Sir/Madam:

Enclosed please find the following:

- A copy of Articles of Organization for Spitfire Training, LLC

Check #7152 in the amount of \$125.00 is for the filing fee for the Articles of Organization.

If you have any questions or require any additional information, please do not hesitate to contact me.

Very Truly Yours,



William Michael Griffin

Enclosure(s)

**ARTICLES OF ORGANIZATION  
FOR  
SPITFIRE TRAINING, LLC  
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SPITFIRE TRAINING, LLC**

**ARTICLE II- Address:**

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

**Principal Office Address:**

153 SW Lincoln Circle N.  
St. Petersburg, FL 33703

**Mailing Address:**

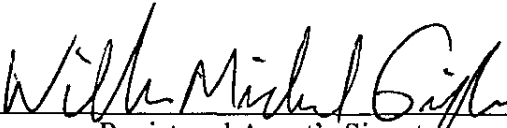
153 SW Lincoln Circle N.  
St. Petersburg, FL 33703

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William Michael Griffin  
153 SW Lincoln Circle N.  
St. Petersburg, FL 33703

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, Florida Statutes.

  
\_\_\_\_\_  
Registered Agent's Signature  
William Michael Griffin

**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

Title:

Name and Address:

MGR & Member

William Michael Griffin  
153 SW Lincoln Circle N.  
St. Petersburg, FL 33703

Member

Susan L. Griffin  
153 SW Lincoln Circle N.  
St. Petersburg, FL 33703

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



WILLIAM MICHAEL GRIFFIN

(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 stated herein are true.)