Division of Corporations Electronic Filing Cover Sheet

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NOV 2.4. 2010

To:

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Division of Corporations

Fax Number : (850)617-6383

From: Carrie L. Ramos, Paralegal - please fax confirmation to 407

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number: I20010000078

Phone Fax Number : (407)843-8880 : (407)244-5690

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

Compass Cycling, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Compass Cycling, LLC

ARTICLE II Address

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

100 W. Gore Street, Suite 202 Orlando, FL 32806

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 fewer than one.

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

Name	Street Address
Sean Stanton	100 W. Gore Street, Suite 202 Orlando, FL 32806
Albert Dolan	Orlando, FL 32806
Rene Alejandro Fonseca	12900 Cynthia Lane Clermont, FL 34715 Clermont, FL 34715 Clermont, FL 34715
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ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

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

Joel Roberts c/o Gray Robinson, P.A. 301 East Pine Street, Suite 1400 Orlando, FL 32801

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

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.

Lisa 17. Specht

Type or printed name of Authorized Representative of a Member

FILING FEES: \$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)