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FLORIDA LIMITED LIABILITY CO.  
TRADITIONAL TAE KWON DO CENTER OF SOUTH  
TAMPA, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
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DEC 13 2010

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

TRADITIONAL TAE KWON DO CENTER OF SOUTH TAMPA, LLC

**ARTICLE II ADDRESS**

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

3617 HENDERSON BOULEVARD, STE C  
TAMPA, FLORIDA 33609

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

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

CHRISTOPHER WELCH  
18106 FALL CREEK DRIVE  
LUTZ, FLORIDA 33558

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 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.

x 

CHRISTOPHER WELCH / Registered Agent's signature

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TRADITIONAL TAE KWON DO CENTER OF SOUTH TAMPA, LLC

**ARTICLE IV MANAGEMENT**

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

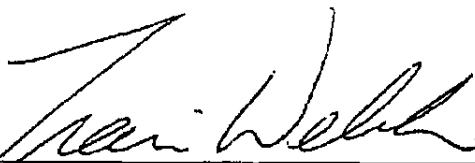
**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

TRACI WELCH

18106 FALL CREEK DRIVE

LUTZ, FLORIDA 33558

.....  
x 

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.

TRACI WELCH

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