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SECRETARY OF STATE
TALL AHASSEF FLORING

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: ELITE MMA TRAINING, LIC 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:			
	Andrew R. Nutt, Sr.			
•	Name of Person			
	Elite MMA Training, LLC			
	Firm/Company			
	1338 SW Glastonberry Ave.			
	Address			
Port Saint Lucie, FL 34953				
City/State and Zip Code				
• -	roomusc@aol.com E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
And	Name of Person at (407) 459-6480 Area Code & Daytime Telephone Number			
Enclos	ed is a check for the following amount:			
	Filing Fee x \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Elite MMA Training, L	rc			
(Must end with the words 'Lir	nited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			

• .	,
1338 SW Glastonberry Ave.	1338-SW Glastonberry Ave.
Port Saint Lucie, FL	Port Saint Lucie, FL
34953	34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Andrew R. Nutt, Sr. Name 1338 SW Glastonberry Ave. Florida street address (P.O. Box NOT acceptable) Port Saint Lucie, FL 34953 City, State, 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..

Registered Agent's Signature (REQUIRED)

Andrew R. Nutt, Sr.

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Andrew R. Nutt, Sr.
	1338 SW Glastonberry Ave. Port Saint Lucie, FL 34953
	•
•	
•	
/TTop attackment if	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>Date of filing</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior 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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Andrew R. Nutt, Sr.

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)