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(Requestor's Name)
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PICK-UP WAIT MAIL
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EXAMINER

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Leve	Performance Name of Limit	Training LLC ed Liability Company		
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Vanessa	a L. Cutting	Name of Person		
Level Pe	erformance Train	ning		
		Firm/Company	- 2	
9287 No	rthlake Parkway		SECTION ALL	7
		Address	HE A	_
Orlando, F			SSEE SSEE	ŗ
 	Cit	y/State and Zip Code	For 5	(
LevelPerfo	rmanceTraining@g	mail.com or future annual report notification)		
	•	•		
For further information	concerning this matter, please	call:		
Vanessa Cuttin	g	at (407) 738-9423	}	
Name (of Person	Arca Code & Daytime Tele	phone Number	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TOP	Æ.I	[🕳]	Namo	

The name of the Limited Liability Company is:

Level Performance Training LLC

(Must end with the words "Limited 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:
9287 Northlake Parkway	9287 Northlake Parkway
Orlando, Fl. 32827	Orlando, Fl. 32827

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:

	City, State, and Zip	STA LOR	(5)	
Orlando	_{FL} 32827	100 m	*	الثا
	Florida street address (P.O. Box NOT acceptable)	TARY O ASSEE,		
9287 N	lorthlake Parkway	ETA HAS	AUG -	1
	Name	AS:		
Vanessa	L. Cutting	Z S	2011	

Having been named as registered agent and to accept service of process for the above state dimited 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)

(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	
MGR	Vanessa L. Cutting
	Vanessa L. Cutting 9287 Northlake Parkway Orlando, Fl. 32827
MGRM	Michael J. Cutting Jr.
	9287 Northlake Parkway
	9287 Northlake Parkway Orlando, Fl. 32827
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)
o or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
PEOUDED 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.)

Vanessa L. Cutting

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)