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DIVISION OF COAFERATIONS

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# **COVER LETTER**

TO:	Registration Sect	ion			
SUBJE	СТ: А	ctors Boot C	amp, Ll	LC	
BODGE	<u> </u>	Name of Limite	ed Liability Cor	npany	
The end	closed Articles of Or	rganization and fee(s) are s	submitted for fil	ling.	
Please 1	eturn all correspond	dence concerning this matt	er to the follow	ing:	
	Karen Kay	ser Benson	Name of Person	···	
			Firm/Company		· · · · · · · · · · · · · · · · · · ·
	9860 El Gre	eco Circle			
		PP 11 0440	Address		
į	Bonita Spring	gs, Florida 34135	y/State and Zip C		
_	Karen@	bootcampf	bracta	XS. CO	Υ
For fur	her information con	E-mail address: (to be used for accerning this matter, please		report notification	)
	n Kayser Bens		at ( 239	, 293-035	<b>54</b>
	Name of F	Person		/	elephone Number
Enclos	ed is a check for the	he following amount:			
<b>\$125.00</b>	Filing Fee S	S130.00 Filing Fee & Certificate of Status	Certified (	iling Fee & Copy 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 Tallahassee, FL 32314	Regist Divisi Clifto 2661	Courier Address ration Section on of Corporati n Building Executive Center nassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	IF.	T _ '	Nai	ne.
н			4174	_	721	

The name of the Limited Liability Company is:

# Actors Boot Camp, 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:
860 El Greco Circle	9860 El Greco Circle
Bonita Springs, FL 34135	Bonita Springs, FL 34135

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:

Karen Kayser Benson
Name

9860 El Greco Circle

Florida street address (P.O. Box NOT acceptable)

Bonita Springs,
FL 34135

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MCD	
MGR	Karen Kayser Benson
	9860 El Greco Circle
	Bonita Springs, FL 34135
	\$ 10 mm 1
(Use attachment if necessary)	
LE V: Effective date, if other th	nan the date of filing: (OPTIONA
	nust be specific and cannot be more than five business day
days after the date of filing.)	

Signature of a member of 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.)

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)

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