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COVER LETTER

| то: | Registration of | on Section Corporations | | | |
|-----------------|---------------------------------------|---|---|--|--------|
| SUBJE(| _{CT:} Flor | ida Real Zone Hitt | ing & Training, LLC | | |
| | | Name of Limi | ted Liability Company | | |
| The enc | losed Article | es of Organization and fee(s) are | submitted for filing. | | |
| Please re | eturn all corr | respondence concerning this man | tter to the following: | | |
| j | Kara L. | Lilley | | | |
| _ | | _ | Name of Person | , | |
| į | Florida | Real Zone Hitting | & Training, LLC | | |
| | · · · · · · · · · · · · · · · · · · · | | Firm/Company | , | |
| _ | 4448 R | oanoak Way | | | |
| | | | Address | مند. مندو | |
| Ę | Palm Ha | rbor, FL 34685 | | 12 S | |
| | | Ci | ty/State and Zip Code | F | |
| <u>f</u> | loridarea | Izone@gmail.com | for future annual report notification) | <u> </u> | Trans. |
| For furth | her informati | on concerning this matter, pleas | • | PH 2 | |
| Kara | L Lilley | | at (317) 4076535 | 2: 42 STATE LGRIDA | |
| | Na | me of Person | Area Code & Daytime Telep | phone Number | |
| Enclose | ed is a checl | c for 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 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I | - | Na | m | e |
|---------|---|---|----|---|---|
| | _ | - | _ | | |

The name of the Limited Liability Company is:

Florida Real Zone Hitting & Training, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 4448 Roanoak Way | 4448 Roanoak Way | | | |
|--|--|----------------------|-----------------|-------------|
| Palm Harbor, FL 34685 | Palm Harbor, FL 34685 | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | | | | |
| The name and the Florida street address of the | registered agent are: | 200 E | 12 | |
| Steven T Lilley | | 1 | SEP | ### (###) |
| Name | * | 36 | - -0 | parate |
| 4448 Roanoak W | /ay | MARK MARK EGGS | t. | |
| Florida street ad | dress (P.O. Box <u>NOT</u> acceptable) | | | - Care |
| Palm Harbor | _{FL} 34685 | SE SE | 2:42 | |
| City, S | tate, and Zip | E m | 2 | |

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)

(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:

| Title: "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | r |
| MGRM | Kara L Lilley |
| | 4448 Roanoak Way |
| | Palm Harbor, FL 34685 |
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| (Use attachment if necessary) | |
| PTICLE V. Effective date if other th | an the date of filing: 09/01/2012 (OPTIONAL) |
| | nust be specific and cannot be more than five business days pri |
| to or 90 days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | |
| × Kar | af. filley |
| Signature of a | mentber 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.)

Kara L Lilley

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)