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COVER LETTER.

	Registration Section Division of Corporations	
SUBJEC	T: KISSIMMEE CRANE SCHOOL "LLC"	
	Name of Limited Liability Company	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning this matter to the following:	
	HANS MERKEL	
	HANS MERKEL Name of Person	
	KISSIMM EE CRANE SCHOOL LLC Firm/Company	
	1869 KINGS POINT BLUD Address	
		2014 FAIR
	KISSIMMEE, FL 34744 City/State and Zip Code	
		-3
	E-mail address: (to be used for future annual report notification)	
	E-man address. (10-96 dsed for future annual report nonneation)	The state of the s
For furthe	r information concerning this matter, please call:	्रें व
G	Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$125,001	Filing Fee \$\times \\$130.00 Filing Fee & S160.00 Fil. S160.00 Fil. Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
	Mailing Address Registration Section Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limite	d Liability Company is:				
	KISSIMMEE	CRANE	SC/1000	. 220	
<u>(N</u>	fust end with the words "Lin	nited Liability	Company, "L.L	C.," or "LLC.")	
ARTICLE II - Address The mailing address and	s: I street address of the princip	pal office of th	e Limited Liabi	lity Company is:	
Principal Office Addre	<u> </u>	1ailing Addre	ss:		
	POINT BLUD		869 KINGS	POINT BE	05
KISSIMMEU	FL 34744		SSIMM EE,	FG 34744	
	with an active Florida regist	•	:		
	HANS MURKUR N	lame			
	IS69 KINGS POINT Florida street address (P.O.	BOY NOT an	SS/MMGG.	<u>~Z</u>	
	<u>المراد K ا کا کا الم</u> City	FL maj	34744 7in		
the place designated capacity. I further agi	registered agent and to accept in this certificate, I hereby a ree to comply with the provisi m familiar with and accept th	pt service of proceept the appoint in the appoint of all statute obligations of the chapter 605, F.	ocess for the ab- intment as regis ites relating to ti f my position as S	ove stated limited tered agent and d he proper and co	agree to act in this implete performance
	(CONT	INUED)			201

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	. There was a representation
"MGR" = Manager	
MGR	GLENDA MERKER
	1869 KINGS POINT BLUD
	KISSIMMGG, FZ 34744
AMBR	HANS MERKER
	1869 KINGS POINT BUD
	KISSIMMEG, FC 34744
Tise attachment if necessary)	
	of filing: <u>OI APRIC 2014</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date excive date is listed, the date must be spe f filing.)	
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