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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: A Step Above Companion Services, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Please return all correspondence concerning this i	matter to the following:	
Kevin E. Wimberly		
	Name of Person	
SC UpLift Commun	nity Outreach	
	Firm/Company	
P.O. Box 3728		
	Address	
Columbia, SC 29230		2014 H\R -4 PH I2:
City/State and Zip Code		五 5
kevinwimberly@scuplift.org		+
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, please call:		
Kevin E. Wimberly	at 803 691-4742	55
Name of Person	Area Code & Daytime Telephone Numbe	r
Enclosed is a check for the following amount	t:	
□\$125.00 Filing Fee	Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &

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

ARTICLE I - Name: The name of the Limited Liability Company is	::
A Step Above Companion Services, LLC	
(Must end with the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5338 Ridgeway St.	P.O. Box 3728
Columbia, SC 29203	Columbia, SC 29230
business entity with an active Florida registration.) The name and the Florida street address of the Barbara Singleton Name	
809 Georgia Avenue	
	ddress (P.O. Box NOT acceptable)
Leesburg	_{FL} 34748
City, S	State, and Zip
liability company at the place designated in registered agent and agree to act in this cape all statutes relating to the proper and comple and accept the obligations of my position as a Registered Agent's Sign	
(CONTI	NUED)

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:

MGR	SC UpLift Community Outreach	_
	P.O. Box 3728	
	Columbia, SC 29230	
		_
		_
		
		_
(Use attachment if necessary)		
	4 4	
	the date of filing: (OPTI ust be specific and cannot be more than five but	

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.)

Kevin E. Wimberly-President/CEO of SC UpLift Community Outreach

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)