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From:  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444  
Attn: *Tami Passkey*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: *boris@mcskis.com*

FLORIDA LIMITED LIABILITY CO.  
MC SKIS TEST CENTER, LLC

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
MC SKIS TEST CENTER, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is MC SKIS TEST CENTER, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 10411 Carlson Circle, Clermont, Florida 34711.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 450 S. Orange Avenue, Suite 200, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Hanna Edeback.

**ARTICLE IV - MANAGEMENT**

The Company is manager-managed for purposes of Section 605.0407, Florida Statutes, and other relevant provisions of Chapter 605, Florida Statutes, and the initial manager of the Company is Boris Laval, 10411 Carlson Circle, Clermont, Florida 34711.



Hanna Edeback, Authorized Representative of a  
Member

**ACCEPTANCE OF REGISTERED AGENT**

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 605, Florida Statutes.



Hanna Edeback