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(Re	questor's Name)	
(Ad	dress)	
(Ado	dress)	
(,	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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(Bu:	siness Entity Nam	ne)
(23	omoso Emily Man	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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14 OCT -8 PH 4: 10

OCT 13 2014 J. HARRIS

COVER LETTER

TO:	Registration Division of C			
SUBJEC	CT: <u>MT Uni</u> v	versity Name of Lin	nited Liability Company	
The encl	osed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please re	turn all corres	pondence concerning this ma	atter to the following:	
	Gary Turi	ner	Name of Person	
			Firm/Company	
	200 Ocea	an Avenue, Ste. 202	Address	
	Melbourn	e, FL 32951 C	ity/State and Zip Code	
gar	v@turnerneti	ease.com E-mail address: (to be used	l for future annual report notifica	tion)
For furth	er information	concerning this matter, plea	se call:	
Gary Tu		at (_3	321 <u>952-2894</u> Area Code Daytime Tel	ephone Number
Enclosed	l is a check for	r 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MT University, 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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Ocean Avenue, Ste. 202 Melbourne Beach, FL 32951	200 Ocean Avenue, Ste. 202 Melbourne Beach, FL
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or 1.)
Gary Turner	
Name	
200 Ocean Avenue, Ste. 202	
Florida street address (P.O. Box	NOT acceptable)
Melbourne Beach	FL 32951
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
AGR" = Manager	
MGR	Gary Turner
	200 Ocean Avenue, Ste. 202
	Melbourne Beach, FL 32951
MGR	Robert Morse
	200 Ocean Avenues, Ste. 202
	Melbourne Beach, FL 32951
Use attachment if necessary)	
(Use attachment if necessary) E V: Effective date, if other than the extive date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the excive date is listed, the date must be of filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the excrive date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the excive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in	date of filing:
E V: Effective date, if other than the excive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in	printer or an authorized representative of a member. in 605.0203 (1) (b). Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155. F.S.)

ARTICLE IV-

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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)