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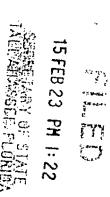
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COVER LETTER

SUBJECT: CTI Grap Treining Division, 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:	
Brencon Burne 11 Name of Person	
Name of Person	
CTI Group Training Division, LLC Firm/Company	
Firm/Company	
1345 Coxbia Rd Suite 215	
Address	
Fort Laudardde, FL 3314 Finance G cti-USa. Com	
finance & cti-USq, Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brandon Burnell at 954, 568-5900	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	(t
Mailing Address Street/Courier Address	

Registration Section Division of Corporations

TO:

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

The name of the Limited Liability Company is:
CTI Group Training Division, 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 office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1845 Cordova led Sule 215 1845 Corcha Rd Suile 215 Fort Landerdale, FL 35316
Fort landerdile, IL Fort Landerdile, IL
33316
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Robert Upthurch
Robert Upchurch 1845 Cardag Rd Sute 215
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdole FL 83316
City Zip
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, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2 Page 1 of 2 Page 1 of 2 Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBIC	Robert Updruch 2100 S. Organ Lane APT 1801
MGR	Broaden Burnell
	110 N Federal Hwy Apt 714 FOA Laude-dole, FL 33301
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
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ARTICLE IV-