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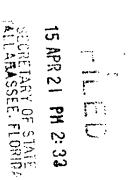
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	ECT: <u>CPR Training Eustis, LLC</u> Name of Li	mited Liability Company
The end	closed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Carl D. Scott	Name of Person
	CPR Training Eustis, LLC	Firm/Company
	100 Ridgecrest Dr	Address
	Eustis, FL 32726	City/State and Zip Code
_cp	ntraining@comcast net	ed for future annual report notification)
For furt	ther information concerning this matter, ple	ease call:
Carl D	Scott at (at (at (at (352) 360 4296 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□ \$125.00	0 Filing Fee \$\overline{\o	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CPR Training Eustis, LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
100 Ridgecrest Dr Eustis, FL 32726	100 Ridgecrest Dr Eustis, FL 32726	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis The name and the Florida street address of the regis	own Registered Agent. You must designation.)	
Carl D. Scott	Ü	
	Name	
100 Ridgecrest Dr Florida street address (P.O	P. Box NOT acceptable)	
Eustis	FL 32726	
City	Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	uccept the appointment as registered age sions of all statutes relating to the proper	ent and agree to act in this r and complete performance
Carl i So	GL6	
Registered Agent's S	Signature (REQUIRED)	<i>≥</i> 0: <u>→</u>
(CONT	TINUED)	5 APR 2
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	Name and Address:
AMBR" = Authorized Member	**************************************
MGR" = Manager	
AMBR	Carl D. Scott
	100 Ridgecrest Dr
	Eustis, FL 32726
AMBR	Joan E. Scott
	100 Ridgecrest Dr
	Eustis, FL 32726
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inform	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felonger.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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