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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -9 AM 11:30

07/15/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Living Liberty Camp, 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:

Maureen Siebold

Name of Person

Living Liberty Camp

Firm/Company

5730 N. Daughtery Rd.

Address

Lakeland, FL 33809-4147

City/State and Zip Code

livinglibertycamp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Sield

863

858-8206

at ()

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 &
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 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:

Living Liberty Camp 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:

Jeffrey S. Sanow

1003 Biltmore Dr NW

Winter Haven, FL 33881

Mailing Address:

Jeffrey S. Sanow

1003 Biltmore Dr NW

Winter Haven FL 33881

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:

Maureen Siebold

Name

5730 N. Daughtery Rd.

Florida street address (P.O. Box **NOT** acceptable)

Lakeland

FL

33809-4147

City

State

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..

Maureen Siebold

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATE &
COMMERCIAL AFFAIRS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Chairman of Board

Name and Address:

Jeffrey S. Sanow

1003 Biltmore Dr. NW

Winter Haven, FL 33881

Deputy Chairman of Board

Mike Zarle

2474 Harrison Place Blvd

Lakeland, FL 33810

Director of Education

Maureen Siebold

5730 N. Daughtery Rd.

Lakeland, FL 33809-4147

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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A. Purpose: The organization is organized exclusively for educational purposes under Section 501(c)(3) of the IRS code

B. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the IRS code.

REQUIRED SIGNATURE:

Maureen Siebold

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Maureen Siebold

Typed or printed name of signer

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)