## L15000127466

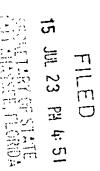
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

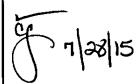




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## **COVER LETTER**

*		Registration Section Division of Corporations		<b>.</b>	
	SUBJEC	Training Center of America, LLC			
	SUBJEC		Limited Liabil	ity Company	
	The encl	osed Articles of Organization and fee(s)	are submitted	for filing.	
	Please re	turn all correspondence concerning this	matter to the	Collowing:	
		Kevin B McBroom			
			Name of	Person	
		Training Center of America, LLC			
			Firm/Co	mpany	
		52 Tuscan Way, Suite 202-407			
			Addı	ess	
		Saint Augustine, FL 32092			
		mcbroom@yahoo.com	City/State ar	d Zip Code .	
		<del></del>	sed for future a	nnual report notification)	
	For further	information concerning this matter, ple	ease call:		
		Kevin B McBroom	931	265-5868	
		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	LCertifi	00 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing 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 Liab	lity Company is:			FILED 15 JUL 23 PM 4:51
The famile of the Difficult Diagrams	my company is:			15 JUL 23 PM 1: 51
Training Center of	America, LLC			7 EUDO4327 22
		d Liability Com	pany, "L.L.C.," or "LLC.")	SECRETARY OF STATE
ADTIOLDIA				THORITAGE TECHNOLOGY
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Lin	ited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Add	<u>lress</u> :
52 Tuscan Way, St	uite 202-407		52 Tuscan Way, Suite 202-4	107
Saint Augustine, F			Saint Augustine, FL 32092	
		<del></del> -		
another business entity with a  The name and the Florida stree	-	·		
		Name		
	165 Wells Road, Sui	te 105		
	Florida street addres		OT acceptable)	
	Orange Park	FL	32073	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r	pointment as reg relating to the pr	istered agent and agree to ac oper and complete performa	rt in this capacity. I nce of my duties, and I
		CONTINU	ED)	

Page 1 of 2

ARTICLE IV-

1.00

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

MBR" = Authorized Member GR" = Manager rMbr  rMbr	Judy G Adams 106 Osprey Lane East Palatka, FL 32131  Kevin B McBroom 225 St. Lucie Way Saint Augustine, FL 32092
r <u>Mbr</u>	East Palatka, FL 32131  Kevin B McBroom 225 St. Lucie Way Saint Augustine, FL 32092
	East Palatka, FL 32131  Kevin B McBroom 225 St. Lucie Way Saint Augustine, FL 32092
rMbr	East Palatka, FL 32131  Kevin B McBroom  225 St. Lucie Way  Saint Augustine, FL 32092
rMbr	225 St. Lucie Way Saint Augustine, FL 32092
rMbr	225 St. Lucie Way Saint Augustine, FL 32092
	Saint Augustine, FL 32092
e attachment if necessary)	
o unudimient in necessary)	
<ul> <li>Effective date if other than the date of fill</li> </ul>	ng: (OPTIONAL)
I: Other provisions, if any.	•
OUIRED SIGNATURE:	
	or an authorized representative of a member.
	accordance with section 605.0203 (1) (b), Florida Statutes.
	motion submitted in a document to the Department of State
I am aware that any false infor	mation submitted in a document to the Department of State
I am aware that any false infor constitutes a third degree felor	rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
I am aware that any false infor constitutes a third degree felor Kevin B McBroom	ny as provided for in s.817.155, F.S.
I am aware that any false infor constitutes a third degree felor Kevin B McBroom	
I am aware that any false infor constitutes a third degree felor Kevin B McBroom	ny as provided for in s.817.155, F.S.
I am aware that any false infor constitutes a third degree felor <u>Kevin B McBroom</u> Typ	ry as provided for in s.817.155, F.S.  ped or printed name of signee  Filing Fees: action and Pesignation of Registered Agents
I am aware that any false infor constitutes a third degree felor  Kevin B McBroom Typ  75.00 Filing Fee for Articles of Organiza	ry as provided for in s.817.155, F.S.  ped or printed name of signee  Filing Fees: action and Pesignation of Registered Agents
I am aware that any false infor constitutes a third degree felor <u>Kevin B McBroom</u> Typ	ry as provided for in s.817.155, F.S.  Deed or printed name of signee  Filing Fees: ation and Designation of Registered Agent
I am aware that any false infor constitutes a third degree felor  Kevin B McBroom  Typ  25.00 Filing Fee for Articles of Organiza 30.00 Certified Copy (Optional)	ry as provided for in s.817.155, F.S.  Deed or printed name of signee  Filing Fees: ation and Designation of Registered Agent
I am aware that any false infor constitutes a third degree felor  Kevin B McBroom  Typ  25.00 Filing Fee for Articles of Organiza 30.00 Certified Copy (Optional)	ry as provided for in s.817.155, F.S.  ped or printed name of signee  Filing Fees: ation and Designation of Registered Agent  23
I am aware that any false infor constitutes a third degree felor  Kevin B McBroom  Typ  25.00 Filing Fee for Articles of Organiza 30.00 Certified Copy (Optional)	ry as provided for in s.817.155, F.S.  bed or printed name of signee  Filing Fees: ation and Designation of Registered Agent