

State of Indiana  
Office of the Secretary of State

Certificate of Organization  
of  
**TRAIN FOR THE BEST LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective  
Wednesday, March 17, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 17, 2021.

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

202103171471404 / 8944798

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

**ARTICLES OF ORGANIZATION**

Formed pursuant to the provisions of the Indiana Code.

**ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS**

**BUSINESS ID** 202103171471404  
**BUSINESS TYPE** Domestic Limited Liability Company  
**BUSINESS NAME** TRAIN FOR THE BEST LLC  
**PRINCIPAL OFFICE ADDRESS** 2219 W EWING, SOUTH BEND, IN, 46680, USA

**ARTICLE II - REGISTERED OFFICE AND ADDRESS**

**REGISTERED AGENT TYPE** Individual  
**NAME** CARLTON WELLS  
**ADDRESS** 2219 W EWING, South Bend, IN, 46613, USA  
**SERVICE OF PROCESS EMAIL** jovanna@wrightway2go.com

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

**ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE**

**PERIOD OF DURATION** Perpetual  
**EFFECTIVE DATE** 03/17/2021  
**EFFECTIVE TIME** 12:27PM

**ARTICLE IV - PRINCIPAL(S)**

**TITLE** Member  
**NAME** CARLTON L WELLS  
**ADDRESS** 2219 W EWING, SOUTH BEND, IN, 46613, USA

**MANAGEMENT INFORMATION**

**THE LLC WILL BE MANAGED BY MANAGER(S)** No  
**IS THE LLC A SINGLE MEMBER LLC?** Yes

**APPROVED AND FILED**  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
03/17/2021 01:59 PM

**SIGNATURE**

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **March 17, 2021**.

**SIGNATURE**

CARLTON L WELLS

**TITLE**

Member

Business ID : 202103171471404

Filing No : 8944798