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(F	Requestor's Name)
(F	Address)
(4	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
, (E	Business Entity Name)
(E	Document Number)
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Special Instructions to	o Filing Officer:

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12/9/03

FILED
03 DEC 11 AM 9: 30

Enclosed is a check in the amount of \$155.00 for the FLORIDA following:

Filling fee for Articles of Organization	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	\$ 30.00

Shawnda Newkirk

(Club Date Florida, LLC.)

## TRANSMITTAL LETTER FILED TO: Registration Section 03 DEC 11 AM 9: 30 Division of Corporations STORY CARD OF STATE Club Date Florida, LLC. (Name of Limited Liability Company) LALLAMASSEE, FLORIDA The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shawnda S. NewKirk (Name of Person) Club Date Florida, LLC. 12001-13209 Ave. N. (Address) Largo, FL 33778 (City/State and Zip Code) For further information concerning this matter, please call:

Shawnda NewKirk at (727) 581-9256 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314

## ARTICLES OF ORGANIZATION **FOR**

FILED 03 DEC 11 AM 9: 30

STATE LORIDA

FLORIDA LIMITED LIABILITY COMPANY  1 ALL AHASSEE, F
ARTICLE I - Name:
The name of the Limited Liability Company is:
Club Date Florida, 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:
12001-132nd Ave. N. 12001-132nd Ave. N
Largo, FL 33778 Largo, FL 33778
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Shawnda NewKirK
12001-1320d Ave. N.
Florida street address (P.O. Box <u>NOT</u> acceptable)
Largo, FLORIDA 33778  City, State, and 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 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

FILED

## ARTICLE IV- Manager(s) or Managing Member(s):

03 DEC 11 AM 9: 30

The name and address of each Manager or Managing Member is as follows:

The name and address of each Manage	r or Managing Member is as follows:	CELAN LARGE OF STATE
Title:	Name and Address:	CE and what of STATE AND
"MGR" = Manager "MGRM" = Managing Member		
MGR	Shawnda NewKirk	
	12001-1322 Ave. N. Largo, FL 33778	
MGR	Tondrick Robinson	·
	9411 Chart House Cou Riverview, FL 336109	<u> </u>
		· · · · · · · · · · · · · · · · · · ·
<del></del> .		
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requeste	ď.
REQUIRED SIGNATURE:	Doo't with	<b>.</b>
Signature of a member or an	authorized representative of a member.	
(In accordance with section 60 of this document constitutes and that the facts stated herein are	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)	
Shawnda Typod or p	L New Kir K printed name of signee	

Filing Fees:

\$100.00 Filing Fce for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)