

LD60000068704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

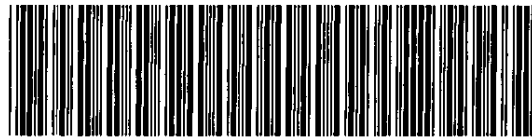
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/07/06--01014--003 \*\*130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFORDABLE LEGAL CLINIC, INC.**

426 E. Highway 434 • Winter Springs, Florida 32708

Post Office Box 180292 • Casselberry, Florida 32718-0292

Telephone: (407) 327-5297 • Facsimile: (407) 327-8444 • e-mail: tbinford@cfl.rr.com

July 5, 2006

Secretary of State  
Division of Corporations  
Post Office Box 6327  
The Capitol  
Tallahassee, Florida 32399-6327

Re: FLORIDA ATHLETIC CENTER OF MERRITT ISLAND, LLC.

Division of Corporations:

Enclosed please find two copies of the Articles of Organization for Florida Limited Liability Company for a new Florida corporation now being formed -- FLORIDA ATHLETIC CENTER OF MERRITT ISLAND, LLC

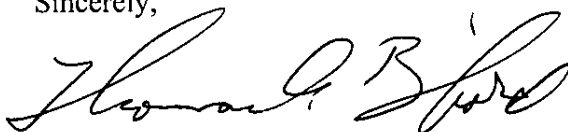
Also enclosed please find our check in the amount of \$130.00. This check includes payment for the following:

Filing fee	\$125
Certificate of Status	<u>5</u>
<b>TOTAL</b>	<b>\$130.00</b>

Please send the duplicates of the Articles of Organization to Affordable Legal Clinic, Inc., 426 E. Hwy 434, Winter Springs, Florida 32708.

Your cooperation in this matter is appreciated.

Sincerely,



Thomas A. Binford

Enclosures  
TAB:rr

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA ATHLETIC CENTER OF MERRITT ISLAND, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

9998 Brodbeck Blvd.

Orlando, Florida 32832

#### Mailing Address:

9998 Brodbeck Blvd.

Orlando, Florida 32832

### 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:

Blayne S. Davis

Name

9998 Brodbeck Blvd.

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

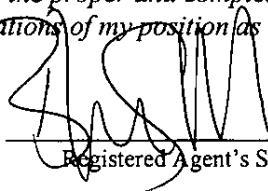
Orlando, Florida 32832

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Blayne S. Davis

9998 Brodbeck Blvd.

Orlando, Florida 32832

MGRM

Lawrence M. Mazza

200 S. Banana River Blvd., Unit 1004

Cocoa Beach, Florida 32931

MGRM

John R. Wagner

103 Palm Circle

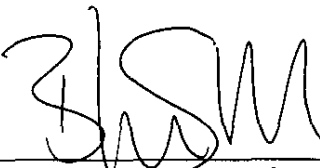
Palm Shores, Florida 32940

(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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**BLAYNE S. DAVIS**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**