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(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:	$\neg$
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SECRETARY OF STATE DIVISION OF CURPORATIONS

# LISA S. MINSHEW, P.A.

BAR MEMBER FL - 1986 CA - 1989 PA - 1985 433 EAST GOVERNMENT STREET PENSACOLA, FL 32501

TELEPHONE (850) 434-6859 TELECOPIER (850) 434-5126 mnshwaty@beilsouth.net

October 24, 2006

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Pensacola Pelicans Academy, LLC

Dear Sir or Madame:

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa S. Minshew, Esquire Lisa S. Minshew, P.A. 433 E. Government Street

Pensacola, FL 32502

For further information concerning this matter please call Cindy Karsnak at 850.434.6859. Enclosed is this firm's check in the amount of \$125.00 for the filing fee.

Sincerely,

CYNTHIA Karsnak

Paralegal to Lisa S. Minshew, Esquire

/clk

Enclosures

cc:

Mary Studer

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Pensacola Pelicans Academy, LLC

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

#### Mailing Address:

4920 North	Dav	is Hwy	
Pensacola,	F1	32505	

Harbortown 913 Gulf Breeze Pkwy Suite # 6 Gulf Breeze, Fl 32561

## 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:

isa S. Minshew
Name

433 E. Government St

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

Pensacola FL 32502

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, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page Laf2

DIVISION OF CORPERATIONS

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ber
MGR	Mary Studer
	913 Gulf Breeze Pkwy Suite # 6
	Gulf Breeze, F1 32561
(Use attachment if necessary	•
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
CLE V: Effective date, if other effective date is listed, the date	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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