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Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : INDEPENDENT TAX SERVICE  
Account Number : I20020000072  
Phone : (305) 007-0001  
Fax Number : (305) 884-6444

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## ACADEMY WHOLESALE L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
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T. HAMPTON

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APR - 7 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACADEMY WHOLESALE L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

ABDELMONEM, HATEM

(Name of Person)

ACADEMY WHOLESALE L.L.C.

(Firm/Company)

1833 NW 20TH STREET SUITE A

(Address)

MIAMI, FL. 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

ABDELMONEM, HATEM

(Name of Person)

at ( 305 ) 324-1638

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



April 3, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INDEPENDENT TAX SERVICE

SUBJECT: ACADEMY WHOLESALE L.L.C.  
REF: W08000017138

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H08000084289  
Letter Number: 408A00019675

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACADEMY WHOLESALE L.L.C.

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

1833 NW 20TH STREET SUITE A  
MIAMI, FL. 33142

**Mailing Address:**

1833 NW 20TH STREET SUITE A  
MIAMI, FL. 33142

**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:

ABDELMONEM, HATEM

Name

1771 SW 22ND TERRACE

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

MIAMI, FL 33145

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)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR	ABDELMONEM, HATEM
	1771 SW 22ND TERRACE
	MIAMI, FL. 33145

(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.)

**ABDELMONEM, HATEM**

\_\_\_\_\_  
Typed or printed name of signee

**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)

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