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SECRETARY OF STATE
SECRETARY OF STATE

JIM ROBERTS

LAWYER

1009 S.W. Main Boulevard Suite 130 Lake City, Florida 32025

Telephone (386) 758-6156

E-mail wm197@bellsouth.net

Facsimile (386) 758-8481

September 3, 2008

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

Re: SOUTHERN DANCE ACADEMY, LLC

My Clients: Jennifer Winnett & Elizabeth Johnston

Dear Sir/Madam:

Enclosed for processing are the following:

- 1. Cover Letter with my firm check in the amount of \$155.00 to cover the filing Fee & Certified Copy costs;
- 2. Original [blue ink signatures] and one (1) copy of Articles of Organization For Florida Limited Liability Company "Southern Dance Academy, LLC".

Thank you for your assistance and courtesies in this matter.

Sincerely yours,

WILLIAM J. ROBERTS, JR.

WJRjr/klt Enclosures

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTHERN DANCE ACADEMY, LLC
(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:
JENNIFER ANN WINNETT
(Name of Person)
SOUTHERN DANCE ACADEMY, LLC
(Firm/Company)
P.O. BOX 100
(Address)
BRANFORD, FLORIDA 32008
(City/State and Zip Code)
For further information concerning this matter, please call:
JENNIFER ANN WINNETT at 386 688-1024
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SOUTHERN DANCE ACADE	MY, LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	of the principal office of the Limited Liability Com	nany ic
J		ipairy is
Principal Office Address:	Mailing Address:	грану 13
Principal Office Address:		ipairy is
Principal Office Address: 106 SUWANNEE AVENUE SW BRANFORD, FL 32008	Mailing Address:	ipany is

The name and the Florida street address of the registered agent are:

JENNIFER ANN WINNETT

Name

1014 NE NO NAME ROAD

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

BRANFORD, FL FL 32008
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..

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	JENNIFER ANN WINNETT
	P.O. BOX 100
	BRANFORD, FL 32008
MGR	ELIZABETH KELLEY JOHNSTON
	P.O. BOX 100
	BRANFORD, FL 32008
V5	
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: 09/08/08 . (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	98 SI TALL
Sennile	w.k. Winnott
C!	er or an authorized representative of a member.
Signature of a memb	
\overline{C}	ection 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

JENNIFER ANN WINNETT

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee