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| Certified Copies        | Certificates                            | of Status |
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| Special Instructions to | Filing Officer                          |           |
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**EXAMINER** 

Office Use Only

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

DB NOV 19 PM 3: 5

## **COVER LETTER**

| TO:      | Registration Section Division of Corporations   |                   |             |
|----------|---|-------------------|-------------|
| SUBJE    | CT: Old School Souta Junter School (Name of Limited Liability Company)  | Com               | pony        |
| The end  | closed Articles of Organization and fee(s) are submitted for filing.  |                   |             |
| Please 1 | return all correspondence concerning this matter to the following:  |                   |             |
|          | Johnes K YARBROUGH (Name of Person)   |                   |             |
|          | (Name of Person)  |                   |             |
|          | Old School Souta "LLC"  |                   |             |
| •        | (Firm/Company)  |                   | <del></del> |
|          | Fro 1 Phelps ave  |                   |             |
| ·        | (Address)   | A SE              | 2008        |
|          | Winter Park, 19 32789   | CRETAL<br>LAHA    | 9   VON 800 |
|          | (City/State and Zip Code)   | SSE               | 19          |
|          |   |                   | ₽ .         |
| For fur  | ther information concerning this matter, please call:   | ST<br>UST         | ယ္မ         |
| $\sim$   | Janes Kyarbronf # 407, 875 8088   | ATE<br>RIDA       | PH 3: 52    |
| (        | (Name of Person) (Area Code & Daytime Telephone Numb  | cr)               |             |
| Enclos   | ed is a check for the following amount:   |                   |             |
| \$125.   | 00 Filing Fee \$\bigsup \\$130.00 Filing Fee & \bigsup \\$155.00 Filing Fee & \bigsup \\$160.00 F\\ Certificate of Status & Certified Copy & Certificat\\ (additional copy is enclosed) & Certified\\ (additional copy is enclosed) | e of Stat<br>Copy | tus &       |
|          | 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

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |
|---|---|
| Old School Souta, 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 principle.  | cipal office of the Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:                                  |
| 720 A Philps aver   | Mailing Address:                                  |
|   | ××××××××××××××××××××××××××××××××××××××            |
| ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.) | Office, & Registered Agent's Signature:           |
| The name and the Florida street address of the reg  | istered agent are:                                |
| Dues;   | K Joebines  |
| Hame Name   | Lelps ave   |
| Florida street Addres   | ss (P.O. Box <u>NOT</u> acceptable)               |
| _ Writer Park   | FL 32789  |
| 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)

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

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

| <u>Title:</u> "MGR" = Manager           | Name and Address:  |
|---|--|
| "MGRM" = Managing Member                | Janes Garbrough<br>120 1 Chieps are<br>Wonter this 1632739       |
|   | SECHE AR   |
| (Use attachment if necessary)           | ARY OF STATE ASSEE, FLORIDA                                      |
| ARTICLE V: Effective date, if other tha | ust be specific and cannot be more than five business days prior |
| 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.)

JANES YARBROUGH

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)