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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

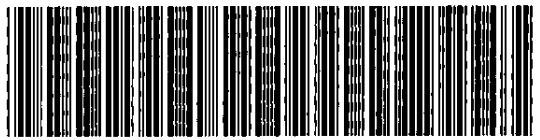
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 21 PM 1:34

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPE DANCE 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:

STEVEN POOLE
Name of Person

Firm/Company

605 SE 21ST STREET
Address

CAPE CORAL, FL 33990
City/State and Zip Code

SPBENGALS@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN POOLE at (**239**) **464-2389**
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPE DANCE LLC

(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:

3333 DEL PRADO BOULEVARD S
CAPE CORAL, FL 33904-7473

Mailing Address:

605 SE 21ST STREET
CAPE CORAL, FL 33990

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:

STEVEN POOLE

Name

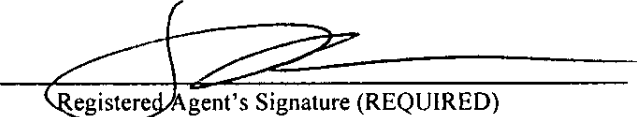
605 SE 21ST STREET

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

CAPE CORAL FL

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:

MGRM

MICHAELA POOLE

605 SE 21ST STREET

CAPE CORAL, FL 33990

MGRM

STEVEN POOLE

605 SE 21ST STREET

CAPE CORAL, FL 33990

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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ARTICLE V: Effective date, if other than the date of filing: June 1, 2009. (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.)

Michaela Poole

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)

**LIMITED LIABILITY
COMPANY WORKSHEET**

Prepared on May 18, 2009

ORGANIZER:

Name: Steven Poole
Address: 605 SE 21st Street
Cape Coral, FL 33990
Phone: (239)464-2389 Ext.: _____

BUSINESS NAME:

Legal LLC Name: Cape Dance LLC
Trade Name: _____
Address: 3333 Del Prado Boulevard S
Cape Coral, FL 33904
Phone: (239)542-3500 Ext.: _____

MAILING ADDRESS:

Address: 605 SE 21st Street
Cape Coral, FL 33990

BUSINESS ACTIVITIES: This LLC will begin on June 01, 2009, with an initial number of employees of approximately 2, and anticipated first year revenue of approximately \$0.00.

The primary activities of the LLC can be described as follows:

Cape Dance LLC is a Dance School.

PERIOD OF DURATION:

The LLC's existence shall continue as follows:

Maximum allowed by state law.

PRINCIPAL PLACE OF BUSINESS:

The address of the LLC's principal place of business is:

3333 Del Prado Boulevard S
Cape Coral, FL 33904

MEMBERS:

Name: Michaela Poole
Address: 605 SE 21st Street
Cape Coral, FL 33990
Phone: (239)464-2389 Ext.: _____
Percentage ownership of LLC: 51.00%
Amount to contribute: \$0.00

Name: Steven Poole
Address: 605 SE 21st Street
Cape Coral, FL 33990
Phone: (239)464-2389 Ext.: _____
Percentage ownership of LLC: 49.00%
Amount to contribute: \$0.00

MANAGEMENT:

All members will manage and control the LLC, and there will be no designated managers.

OFFICERS:

No officer positions will be established.

TAX MATTERS MEMBER:

The designated member who will be responsible for tax matters is:

Name: Steven Poole
Address: 605 SE 21st Street
Cape Coral, FL 33990
Phone: (239)464-2389 Ext.: _____

VOTING:

Members shall be entitled to vote based upon the following:

Number of capital units owned.

Regular matters that require a vote of the members shall be approved by a majority vote.

A(n) majority vote of the members is required in order to authorize the following acts:

- amendment to the Articles of Organization
- amendment of the Operating Agreement
- the admission of a new member
- the authority to sell, merge or dissolve the LLC
- the sale of substantially all of the LLC's property

Action may be taken without a meeting if a majority of the members consent to the action in writing.

MEETINGS:

Meetings of the members of the LLC will be held at its principal place of business.

PROFIT ALLOCATION:

Net income or net loss of the LLC will be allocated to the members in proportion to their ownership of the LLC.

REGISTERED AGENT:

The name and address of the registered agent of the LLC is:

Name: Steven Poole
Company: _____
Address: 605 SE 21st Street
Cape Coral, FL 33990
Phone: (239)464-2389 Ext.: _____

GEOGRAPHICAL AREA OF BUSINESS OPERATIONS:

The business will conduct its operations in the following geographical area:

State of Florida.