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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

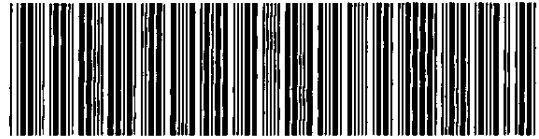
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2009 AUG 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 25 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northern Lights Sunshine 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:

Tina B. Phillips

Name of Person

Northern Lights Sunshine Academy, LLC

Firm/Company

6666 Lenezyk Drive

Address

Jacksonville, Florida 32277

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra W. Johnson

Name of Person

at (904) 388-9800

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
NORTHERN LIGHTS SUNSHINE ACADEMY, LLC**

ARTICLE I - NAME

The name of the limited liability company shall be **NORTHERN LIGHTS SUNSHINE ACADEMY, LLC** ("Company").

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business of the Company in Florida shall be 6666 Lenczyk Drive, Jacksonville, Florida 32277. The mailing address shall be the same.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the registered agent of the Company in the State of Florida is:

**Tina B. Phillips
6666 Lenczyk Drive
Jacksonville, Florida 32277**

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 in Chapter 608, F.S.



Tina B. Phillips, Registered Agent

ARTICLE IV- MANAGEMENT; MANAGING MEMBERS

- A. The Company shall be managed by its Managing Members.

B. The name and address of each Managing Member is as follows:

Title:

Name and Address:

Managing Member

Tina B. Phillips
6666 Lenczyk Drive
Jacksonville, Florida 32277

Managing Member

Steven W. Phillips
6666 Lenczyk Drive
Jacksonville, Florida 32277

ARTICLE V-EFFECTIVE DATE

Effective date: Date of filing.

(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.)



Tina B. Phillips, Managing Member

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TALLAHASSEE, FLORIDA

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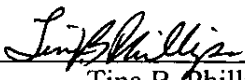
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Managing Member

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