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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
APR 2 8 2010			
EXAMINER			
110			

Office Use Only



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04/12/10--01008--025 **120.00

04/12/10--01008--026 **35.00

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

Division of Co				
SUBJECT:	ducation Spor	ts Advancement	-	
	Name of Limite	ed Elaothty Company		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
	pondence concerning this matt	-		
	AUL KNICH	Τ		
		Name of Person		
Edu	CATION Sports	Firm/Company	"LLC"	
			,	
466 TAMARINA PARK LANE				
		Address		
KISSIMMEE, FL. 34758				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	-			
Name of Person at (407) 288-4773 Area Code & Daytime Telephone Number				
Name	of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rcle	



April 13, 2010

PAUL KNIGHT 466 TAMARIND PARK LANE KISSIMMEE, FL 34758

SUBJECT: EDUCATION SPORTS ADVANCEMENT, "LLC."

Ref. Number: W10000018000

We have received your document for EDUCATION SPORTS ADVANCEMENT, "LLC." and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 710A00009112

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Education Sports Advan (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
PAUL KNIGHT 466 TAMARIND PARK LN. KISSIMMEE, FL. 34758	SAME 466 TAMARIND PARKLAN. KISSIMMEE, FL. 34758			
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 reg	-			
PAUL KNIGHT				
Name				
Florida street address (P.O. Box NOT acceptable) KISSIMMEE FL 34758 City, State, and Zip				
Kissimme E City, State	FL 34758 c, and Zip			
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and exercited agent as provided for in Chapter 608, F.S			
Registered Agent's Signatur	SECRETARY OF TALLAHASSEE,			
(CONTIN	UED) SEA 7 1			
Page 1 o	FST 2:			

ARTICLE IV- Manager(s) or Ma The name and address of each Man	anaging Member(s): lager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PRUL KNIGHT 466 TAMARIND PARK LN KISSIMMEE, FL. 34858
MGRM	ISANC BRYD 14901 INDIGO LAKE DR. ORIANDO, FL. 32824
MGRM	TY LAW 4571 KAWILLA CREST PL. WINTER PARK, FL. 32792
MGRM	Sudan Ellington P.O. BOX 1760 HARRISONDURG, VA 22803
(Use attachment if necessary)	•
to or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	l Kaj Ul ber or an authorized representative of a member.
of this document con that the facts stated b	. /
<u> Pau</u>	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)