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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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EFFECTIVE DATE Q3/01///



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SECRETARY OF STATE

D. BRUCE
MAR 8 2011
EXAMINER

COVER LETTER

Division of Corporations	•	·		
SUBJECT: Prep Elite, LLC				
Name of Lim	ited Liability Company	•		
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	_			
Joey William Abbott	nuer to the following:			
	Name of Person		•	
Prep Elite, LLC				
	Finn/Company			
804 BLVD Del Orleans				
	Address			
Mary Esther, Florida 32569		المالية	=	
joey.abbott@gmail.com	ity/State and Zip Code	THA AHA	MAR - 7	
	for future annual report notification)	38 7 88 7	-7	一
For further information concerning this matter, pleas	se call;	E FI	KZI Wed	Ш
Joey William Abbott	_at (850 368-5026	F STATE FLORIDA). 53	D
Name of Person	Area Code & Daytime Telephone Number	>	w	
Enclosed is a check for the following amount:				
\$125,00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &		
Mailing Address	Street/Courier Address			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, PL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	. io:	,
The name of the Chined Liability Company	v is.	
Prep Elite, LLC.		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
804 BLVD Del Orleans	Joey William Abbott	
Mary Esther, Florida 32569	804 BLVD Del Orleans	
	Mary Esther, Florida 32569	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Stagestered Agent. You must designate an individual	Signature: usl or another: LAH
The name and the Florida street address of the	he registered agent are:	AS AS
Joey William Abbott		SE Y
Na	ame	
804 BLVD Del	Orleans	D IZ: 5, IZ: 5, ICORNI
Florida street	t address (P.O. Box NOT acceptable)	87.E 29
Mary Esther, Florida 32	569	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FFECTIVE DATE 03/01/11

Title: "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGRM	Joey William Abbott
	804 BLVD Del Orleans Mary Esther, Florida 32569
	Waly Estilet, Frontia 02000
MGR	Henri Harrison
	804 BLVD Del Orleans
	Mary Esther, Florida 32569
<u> </u>	
• •	
(Use attachment if nece	essary)
CLE V: Effective date, it	f other than the date of filing: 03/01/2011 (OPTIONAL) ne date must be specific and cannot be more than five business days prior
CLE V: Effective date, it effective date is listed, the days after the date of the REQUIRED SIGNAT	f other than the date of filing: 03/01/2011 (OPTIONAL) ne date must be specific and cannot be more than five business days prior filing.)

Filing Fees:

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C

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee