

L11000130003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

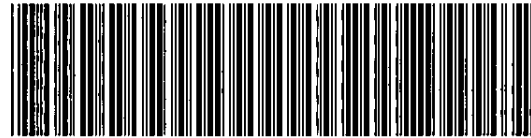
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/11--01031--017 **130.00

EFFECTIVE DATE 11-20-11

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11 NOV 14 PM 4:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 15 2011

EXAMINER

November 12, 2011

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Please accept these articles of Organization and my check for \$130.00. Any communication with me can be sent to:

Thomas Flanagan
6125 10th Ave. So.
Gulfport, Florida 33707

I can also be contacted at the following phone Number:
727-453-0827

Thank you for your time and consideration.

Sincerely,

Thomas Flanagan
Manager
Tampa Bay Gun School
727-453-0827

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA BAY GUN School 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:

THOMAS FLANAGAN
Name of Person

TAMPA BAY Gun School
Firm/Company

6125 10TH AVE. SO.
Address

GULFPORT, FL 33707
City/State and Zip Code

TOM@TAMPABAYGUNSchool.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS FLANAGAN at (727) 453-0827
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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMPA BAY GYM SCHOOL, 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:

6125 10th AVE. SO.
GULFPORT, FL 33707

Mailing Address:

6125 10th AVE. SO.
GULFPORT, FL 33707

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:

THOMAS FLANAGAN
Name

6125 10th AVE. SO.
Florida street address (P.O. Box NOT acceptable)

GULFPORT, FL 33707
City, State, and Zip

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Thomas Flanagan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MANAGER

THOMAS FLANAGAN
6125 10th Ave. So.
GULFPORT, FL 33707

11 NOV 16 PM 4:52
SECRETARY OF STATE
FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOV 20, 2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS FLANAGAN
Typed or printed name of signer

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)