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2012 FEB 28 AM 8: 12

J. SAULSBERRY EXAMINER

MAR _ 1 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PF Kids' Future LLC	
Name of Limited Liability C	Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
Philip Z Freedman	
Name of Person	on
Fi/Coo	
Firm/Compar	пу
405 S Lakewood Run Drive	III
Address	2012 FEB
Ponte Vedra Beach, FL 32082	ARE TEB
City/State and Zip	SSE 28
E-mail address: (to be used for future annual	al report notification)
For further information concerning this matter, please call:	al report notification) FLORIDE 2
Philip Z Freedman at (904	377-0322
Name of Person Area	a Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Stiling Fee & Side Copy Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Reg Division of Corporations Division of Section Division of Corporations Clif P.O. Box 6327 Clif Tallahassee, FL 32314 266	cet/Courier Address eistration Section ision of Corporations fton Building I Executive Center Circle lahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PF Kids' Future 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:	Mailing Address:	
405 S Lakewood Run Drive	405 S Lakewood Run Drive	
Ponte Vedra Beach	Ponte Vedra Beach	
Florida 32082	Florida 32082	
ARTICLE III - Registered Agent, Registre (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Philip Z Freedman	wn Registered Agent. You must designate an individu	all or another 2012 FEB
Thinp 2 Trecuma	Name	28 88 88 88 88 88 88
405 S Lakewe	ood Run Drive	AH 8: 12
Florida st	treet address (P.O. Box NOT acceptable)	9:
Ponte Vedra Bea	ch _{FL} 32082	> ~
	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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTION effective date is listed, the date must be specific and cannot be more than five business details and cannot be more than five business details.	<u>Title:</u> "MGR" = Manager	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Men	nber
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGRM	Philip Z Freedman
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Ponte Vedra Beach, FL 32082
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	•	20 TAI
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		LA LA
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		DF 2
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	CLE V: Effective date, if othe ffective date is listed, the date	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business days
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) days after the 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. I am aware that any false information submitted in a document to the Department of State		
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	REQUIRED SIGNATURE	
SAMBLE HEALT CONTRACTOR OF THE SAME OF THE	- Jup	3 freed

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)

Typed or printed name of signee