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## **COVER LETTER**

TO: **Registration Section Division of Corporations** PKSA Karate Space Coast 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: Michelle Woodworth Name of Person PKSA Karate Firm/Company 4700 Barna Ave. Apt. 603 Address Titusville Fl. 32780 City/State and Zip Code pksaspacoast@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle Woodworth Name of Person Enclosed is a check for the following amount: □\$155.00 Filing Fee & □ \$160.00 Filing Fee, □\$125.00 Filing Fee ■\$130.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
PKSA Karate Space			
	(Must end with the words "Limited I	ciability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		e principal office of the Limited Liab	oility Company is:
Principal Offic	ce Address:	Mailing Address:	
4700 Barna Ave. A	pt. 603	4700 Barna Ave. Apt. 603	
Titusville Fl. 32780		Titusville Fl. 32780	<del></del>
The name and (	he Florida street address of t		FILED  TO JAH 14 PH S  THE LINE OF S  THE LINE SEE, F
	IN:	ame	SSEA P
	4700 Barna Ave. Apt. 603		四次 4
		t address (P.O. Box NOT acceptable)	9 5
	Titusville Fl. 32780	FL	5 S
	City	y, State, and Zip	•
liability con registered ag all statutes r	npany at the place designated ent and agree to act in this ca elating to the proper and com	I to accept service of process for the a in this certificate, I hereby accept the pacity. I further agree to comply with plete performance of my duties, and I is registered agent as provided for in	e appointment as h the provisions of I am familiar with
	Registered Agent's S	ignature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Michelle Woodworth
	4700 Barna Ave. Apt 603
	Titusville Fl. 32780
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than the offective date is listed, the date mu or 90 days after the date of filing.)	ne date of filing: (OPTION st be specific and cannot be more than five busin
,g,	
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.)

Michelle Woodworth Typed or printed name of signee

#### 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)