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Effective Date 7/18/13

JUL 2 4 2013

T. HAMPTON

COVER LETTER '

TO: Registration Section Division of Corporations Florida Freedom Academy, 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: Donna M. Gunn Name of Person Florida Freedom Academy, LLC Firm/Company 4335 Parkway Blvd. Land O' Lakes, FL 34639 City/State and Zip Code topgunnmom@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna M. Gunn Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 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

Effective Date 7/18/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Florida Freedom Academy, LLC				
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of	the principal office of the Limited L	Liability Company is:		
Principal Office Address:	Mailing Address:			
4335 Parkway Blvd.	4335 Parkway Blvd.			
Land O' Lakes, FL 34639	Land O' Lakes, FL 34639			
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Randall L. Gunn, Esquire	Registered Agent. You must designate an indi-	's Signature: vidual or another		
**************************************	Name			
RLGunn Associates, LLC, 4	335 Parkway Blvd.			
**************************************	eet address (P.O. Box <u>NOT</u> acceptable)			
Land O' Lakes, FL 3	4639 _{FL}			
C	ity, State, and Zip			
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and co and accept the obligations of my position	d in this certificate, I hereby accept capacity. I further agree to comply with mplete performance of my duties, an	the appointment as with the provisions of d I am familiar with		
Registered Agent's	Signature (REQUIRED)	13 13		
		JUL		
(COM	TINUED)	SECRETARY OF C		
Pos	e 1 of 2	A PE		

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

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

•	Title:	Name and Address:	
	"MGR" = Manager "MGRM" = Managing Member		
	MGRM	Donna M. Gunn	
		4335 Parkway Blvd.	
		Land O' Lakes, FL 34639	
•			

	(Use attachment if necessary)		
ARTIC	CLE V: Effective date, if other than the	he date of filing: $7 - 18 - 2013$. (OPTIONAL)	
	effective date is listed, the date mu o or 90 days after the date of filing.)	ist be specific and cannot be more than five business days	
	REQUIRED SIGNATURE:		

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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.)

Donna M. Gunn

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)

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