L14000031345

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2014

B. FERGUSON 1825 NW 31ST AVE SUITE 103 FORT LAUDERDALE, FL 33311

SUBJECT: FUTURE LEADERS ACADEMY LLC

Ref. Number: W14000009529

We have received your document for FUTURE LEADERS ACADEMY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P12000017906.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00003299

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Fotore Leaclers Academy 22 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:	
B. Ferosoon Name of Person	
Future Leaders Academy 22 LLC Firm/Company	,
1825 NW 31st Ave Suite # 103	
Fort. lauderdale Fl 33311 = City/State and Zip Code	
E-mail address: (to be used for future annual report notification))m
For further information concerning this matter, please call:	-
Name of Person at (786) 226-2806 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
1825 NW 31St Are 1825 NW 31St Ave 501te # 103 Fort. Fort. lawlerclate, F1 3331 lawlerclate, F1 33311
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: Name The name and the Florida street address of the registered agent are:
Florida street address (P.O. Box NOT acceptable)
Fort, landodgk FL 33311 City 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 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIR

Page 1 of 2

MGB B. Ferauson	Fitte: Authorized Member	Name and Address:
V: Effective date, if other than the date of filing:	MGR" = Manager	B. Ferouson 2309 NW 20th Streets Ft. lowlerdak, Fl 3331
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		W-9-18-4
VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)		
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To. Ferauson	V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m	pecific and cannot be more than five business days prior to or
	V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a macondance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Irration submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)