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B. BOSTICK OCT 2 3 7014 EXAMINER.

	stration Section ion of Corporations
SUBJECT:	Elite Skills Academy, LLC Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
上	nmont A. Floyd Name of Person
E	ite Skills Academy, LLC
	Firm/Company
<u>.93</u>	34 Gano Ave Address
Q	ange Park, Florida 32073 City/State and Zip Code
lamontof	loyd@gmail.com
jamomai	E manil address (to be used for fiture service accept actification)
For further info	ormation concerning this matter, please call: at (904) 4154654
Lamont A Flo	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□ \$125.00 Filing	

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

Elite Skills Academy, LL		
(Must	end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	reet address of the principa	al office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
	C	Elite Skills Academy, LLC
Elite Skills Academy, LL		
934 Gano Ave		934 Gano Ave
934 Gano Ave Orange Park, Florida 32 ARTICLE III - Registered The Limited Liability Com	073 d Agent, Registered Offinany cannot serve as its o	934 Gano Ave Orange Park, Florida 32073 ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual
934 Gano Ave Orange Park, Florida 32 ARTICLE III - Registered The Limited Liability Commother business entity with	073 d Agent, Registered Offi pany cannot serve as its o h an active Florida registra	934 Gano Ave Orange Park, Florida 32073 ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual
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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

The name and address <u>Title:</u>		Name and Address:			
"AMBR" = Authorized "MGR" = Manager	i Member	ivame and Address:			
President		Lamont A Floyd			
	~	934 Gano Ave	~~~~~~~		
		Orange Park, FL 3207	'3		·
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