

# L15000032405

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000046361 3)))



H150000463613ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

FILED  
2015 FEB 23 AM 8:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
15 FEB 23 AM 10:00  
ALICIA  
BUREAU OF CORPORATE  
INFORMATION SERVICES

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Austin Magee's Surf School LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FAX AUDIT # H15000041031013

FILED  
2015 FEB 23 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
Austin Magee's Surf School LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Austin Magee's Surf School LLC

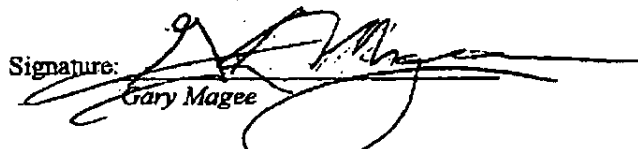
**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be: 2236 E County Highway 30-A, Santa Rosa Beach, Florida 32459.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Gary Magee, 75 Sunfish St., Destin, Florida 32541. Located in the County of Okaloosa.

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..

Signature:   
Gary Magee

Date: 2-20-15

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Austin Magee, 2236 E County Highway 30-A, Santa Rosa Beach, Florida 32459

FAX AUDIT # H15000041031013

FAX AUDIT # H150000463613

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.

*Mark Williams*

Date: February 20, 2015

(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.)

Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717  
608-827-5300

FILED  
2015 FEB 23 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H150000463613