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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

7.

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Florida Shooting Academy LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Patrick G. Finan		
		Name of Person	
		Firm/Company	
	2101 Gulf Blvd. #4A		
		Address	
	Indian Rocks Beach, Florida 3378	5 City/State and Zip Code	
ַסַ	afinan@hotmail.com	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Patric	k G. Finan at (727) 698-2217 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$ 125.0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress

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 1 - Name: The name of the Limited Liability Company is: Florida Shooting Academy LLC (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: 2101 Gulf Blvd. #4A 2101 Gulf Blvd. #4A Indian Rocks Beach, FL 33785 Indian Rocks Beach, FL 33785 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: Patrick G. Finan Name 2101 Gulf Blvd. #4A Florida street address (P.O. Box NOT acceptable) Indian Rocks Beach FL 33785

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)

City

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Patrick G Finan
	2101 Gulf Blvd, #4A
•	Indian Rocks Beach, FL 33785
	ATTENDED TO THE TOTAL OF THE TO
	
	
	
EV: Effective date, if other than the date tive date is listed, the date must be s	te of filing:
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(Use attachment if necessary) E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing:
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