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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Eggleston Name of Li	Academic Fir	m, LLC.
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this t	natter to the following:	
David E	galeston, Ir	
	Waine of Person	
	Firm/Company	
45/7 Bowfir	Drive	
	Address	
45/7 Bowfir Tallahassee, davide 4225@ gm E-mail address: 410 be us	, FC32303	•
1 1 1 22 50	City/State and Zip Code	
E-mail address: 4th be us	ed for future annual report notification	on)
For further information concerning this matter, pl	•	,
		705
David Eggleston at (Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount:		
Enclosed is a check for the following amount: \$125.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eggleston Academie Firm LCC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	5
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	Ž,
Principal Office Address: 4517 Bowfin Drive Tallahassee, FC 32303 Mailing Address: 4517 Bowfin Drive Tallahassee, FC 32303	
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: David EggleSton, Jr, Name 4517 Bowfin Drive Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32383 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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)	ce

(CONTINUED)

Page 1 of 2

David Eggleston, Jr, 45/7 Bowfin DV Tallahassee F1323a3 (OPTIONAL) annot be more than five business days prior to of
45/7 Bowfin DV Tallahassee FL323a3
Tallahassee F132303
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authorized representative of a member. (b), Florida Statutes, the execution of this documenties of perjury that the facts stated herein are true. nitted in a document to the Department of State
ed for in s.817.155, F.S.)
ston, Jr printed name of signee
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