## L16000105778

Office Use Only



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## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT:	Five Flags DA.	NCE ACADOMY UC		
Name of Limited Liability Company				
The enclosed	d Articles of Organization and fee(s) are submit	ted for filing.		
Please return	n all correspondence concerning this matter to the	ne following:		
	Chris Ba	ravett		
Name of Person				
FIVE Flags DANCE Academy, LLC				
Firm/Company				
_	27864 OAKA	Choy Loop		
Address				
<del>-</del>	Daphne, AL 30	0526		
	DAphne, AL 30 City/State VOLUNTER 19677 agr	and Zip Code nail. COM		
	E-mail address: (to be used for future	e annual report notification)		
For further inf	formation concerning this matter, please call:			
Ch	ns Barnett at 25/	281-7667		
	Name of Person Area Code			
Enclosed is a	a check for the following amount:			
<b>\$</b> 125.00 Fili	Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	Street Address		
	New Filing Section	New Filing Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Payable; Florida Department of Stake #155

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Five Flags DANCE Academy

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FILED

16 MAY 26 PM 2: 08

(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:  Five Flags Dance Academy, LLC Chris or Ashley Barnett  1903 E. DLIVE Rd 27864 OAKACHOY LOOP  Pensacola, FL 32514 Daphne, AL 36526
Pensacola, FL 32514 Daphne, AL 36526
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  Name
Name
1903 E. OLIVE Rd
Florida street address (P.O. Box NOT acceptable)
Pewsacota FL 32514  City State Zip
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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

ARTICLE IV-		FILED
The name and address of each person auth	orized to manage and control the Li	mited Liability Company: 16 MAY 25 PH 2: 08
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEF FLORIDA
AMBR		rnett
MGR	27864 ÖAKACH DARDNE, AL Chris Barn 27864 OAKAC OARDNE, AL 30	36526 CIT
FICLE V: Effective date, if other than the date on effective date is listed, the date must be specified of filing.)  te: If the date inserted in this block does not me document's effective date on the Department of	ific and cannot be more than five beet the applicable statutory filing req	
FICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	is Rameth	
This document is execute I am aware that any false i constitutes a third degree	ther or in authorized representation in accordance with section 605.02 information submitted in a document felony as provided for in s.817.155,	03 (1) (b), Florida Statutes. to the Department of State
	Typed or printed name of signee	
	Filing Fees:	

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)