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(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	OKINAWAN SHORINRYU KA	ARATE-DO		
SUBJEC		f Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fee((s) are submitted	for filing.	
Please ret	turn all correspondence concerning th	is matter to the t	following:	
	GEOFFREY E GAUDOIN			
		Name of	Person	
		Firm/Co	mpany	
	3340 CURRY FORD RD			
		Addr	ess	
	ORLANDO, FL 32812			16 16
	gaudoin@bellsouth.net	City/State an	d Zip Code	(F)
	E-mail address: (to be	used for future a	annual report notification)	<u>FO</u>
For further	information concerning this matter, p	olease call:		φ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	GEOFFREY E GAUDOIN	407 at (492-1125	3: 40
	Name of Person	Area Code	Daytime Telephone Number	
	is a check for the following amount: Filing Fee \$\frac{1}{2}\$130.00 Filing Fee	& [00 Filing Fee & \$160.00 Filin	y Fee
]	Certificate of Statu	s LLCertifi	ed Copy Certificate of Copy al copy is enclosed) Certified Cop (additional copy	Status & y
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
OKINAWAN SHORINRYU KARATE-DO 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:			
3340 CURRY FORD RD	3340 CURRY FORD RD			
ORLANDO, FL 32812	ORLANDO, FL 32812			

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:

GEOFFREY E GAU	JDOIN	
	Name	
3340 CURRY FOR	D RD	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
ORLANDO	FL	32812
City	State	Zip

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..

Perffy E. Manufacture (REQUIRED)

Page 1 of 2

(CONTINUED)

SAUGZZ MILOLY

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	Title:	Manula au	Name and Address:		
	"AMBR" = Authorized "MGR" = Manager	Member			
	AMBR		GEOFFREY E GAUDOIN		
			3340 CURRY FORD RD		
			ORLANDO, FL 32812		
					
		,			
					
	(Use attachment if neces	esarv)			
		• .			
RTICI	LEV: Effective date, if o	ther than the date of filing	g: (OPTIONA	L)	
	of filing.)	uate must be specific ai	nd cannot be more than five business days prior	10 01 90	uays anter
		block does not meet the	applicable statutory filing requirements, this date	will not	be listed a
the docu	ment's effective date on	the Department of State	e's records.		
DTICI	LE VI: Other provisions, i	if any			
INTICI	LE VI. Other provisions,	n any.			
	REQUIRED SIGNAT				
	J.	Jesthy E. M.			
	Si	ignature of a member of	or an authorized representative of a member.		
	This do	cument is executed in a	ccordance with section 605.0203 (1) (b), Florida S		
			nation submitted in a document to the Department as provided for in s.817.155, F.S.	of State	
		•	•		
	<u>-</u>	GEOFFREY E GAUDO Type	of or printed name of signee		
			a or primed name or orginee		=. (^
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		•	Filing Fees:	יים: ס	
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		or Articles of Organizat		AUG 22	
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		or Articles of Organizat opy (Optional) f Status (Optional)		AUG 22	MS 34 Act of any of a state of a