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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	

Office Use Only



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T. BURCH

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJECT	Next Level Youth Foundation, LL	С	
Souther		Limited Liabi	lity Company
The enclos	sed Articles of Organization and fee(s)	) are submitted	l for filing.
Please retu	irn all correspondence concerning this	matter to the	following:
	Tina Hadley		
		Name o	Person
	Next Level Youth Foundation		
		Firm/Co	ompany
	7092 Chatum Light Run		
		Addi	ress
	Bradenton, Fl 34212		
	nextlevel.th@gmail.com	City/State ar	d Zip Code
•	E-mail address: (to be us	sed for future	annual report notification)
For further i	nformation concerning this matter, ple	ease call:	
	Tina Hadley	941	812-3527
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	lling Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	oo Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	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

(Must	h Foundation, LLC contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal of	ffice of the Limited	Liability Company is:	
<u>Prig</u>	ncipal Office Address:		Mailing Address:	
7092 Chatum Lig	ght Run	7092	Chatum Light Run	
Bradenton, Fl 342	212	Brac	lenton, Fl 34212	
The Limited Liability Comp	pany cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or	<del></del>
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. 'n.)		
The Limited Liability Compinother business entity with	pany cannot serve as its own an active Florida registration	Registered Agent. n.) agent are:		
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. 'n.)		ACTION ACTION
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent.  n.)  agent are:  Name		The state of the s
(The Limited Liability Companother business entity with	nany cannot serve as its own an active Florida registration reet address of the registered Tina Hadley	Registered Agent.  n.)  agent are:  Name	You must designate an individual or	ALL AND AND OF
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	cany cannot serve as its own an active Florida registration eet address of the registered Tina Hadley 7092 Chatum Light R	Registered Agent.  n.)  agent are:  Name	You must designate an individual or	∫—र्रे  ⊊३ — <b>र</b>

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)

(CONTINUED)

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	Feet 7 - 11
MGR	Tina Hadley
	7092 Chatum Light Run
	Bradenton, Fl 34212
AMBR	Carlton Hadley
AMBK	7092 Chatum Light Run
	Bradenton, Fl 34212
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EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	c of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be sp f filing.)	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not of State's records.
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)