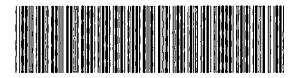
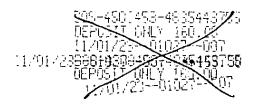
# L23000518769

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| <del> </del>                            |  |  |  |  |

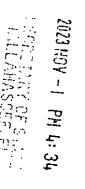
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# **COVER LETTER**

| 10: New Filing Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: I Stand Time Suff Academy LLC.  Name of Limited Liability Company  |  |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Erit Hatton Name of Person  |  |  |  |  |
| Name of Person  |  |  |  |  |
|   |  |  |  |  |
| Firn/Company  |  |  |  |  |
| 801 Cashen Drive  |  |  |  |  |
| Address   |  |  |  |  |
| EFil 4 re Frus @gmail. com  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
|   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Eric Hatton at (904) 556 2510  Name of Person Area Code Daytime Telephone Number  |  |  |  |  |
| Name of Person Area Code Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| □\$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability  | Company is:                      |                    |                           |   |
|---|----------------------------------|--------------------|---------------------------|---|
| I Stand Ti  | me Sur F Aca                     | demy (             | LC " or " LC ")           | <del></del>   |
|   | in the words. Estimed Establi    | ny Company, 1      | ine., or the.             |   |
| ARTICLE II - Address:<br>The mailing address and street add   | dress of the principal office of | of the Limited Lia | bility Company is:        |   |
| Principa  | Office Address:                  |                    | Mailing Addi              |   |
| 801 Cash  | en Dr. Ul<br>wh., FL 32034       | Fer.               | Ol Cashen<br>n. Buh., Fr. | Drive<br>32034  |
| ARTICLE III - Registered Ager<br>(The Limited Liability Company canother business entity with an ac | annot serve as its own Regis     |                    |                           | dividual or   |
| The name and the Florida street a   |                                  |                    |                           | S 26  |
|   | 801 cashe                        | ton                |                           | 2023 NOV - 1 PM 4: 34<br>SECRETARY OF STATE<br>TALLAHASSEE, FL  |
|   | Nan                              | ne                 | 91Z                       | E NO  |
|   | 801 cashe.                       | · Deiss            | 2 167                     | 75 ±  |
|   | r forida street address (r.C.    | ). Box MOT accer   | otable)                   | OF PM   |
|   | Forn. Bch.                       | FC.                | 32034                     | 10 to |
|   | City                             | State              | Zip                       | $\simeq$  |

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)

# ARTICLE IV-

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

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager President                                | Eric Hatton (Ginc Hatton)<br>801 cashen Dive Fern. Beh. Fl. 32034  |
|   |  |
|   | 1073<br>100 V  |
| (Use attachment if necessary)   |  |
| If an effective date is listed, the date must he date of filing.)                   | edate of filing: Jan / 2024 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days af not meet the applicable statutory filing requirements, this date will not be listement of State's records.                      |
| ARTICLE VI: Other provisions, if any,   |  |
| REQUIRED SIGNATURE:   | Latter   |
| Signature of<br>This document is ex<br>I am aware that any<br>constitutes a third d | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, refalse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |
|   | Typed or printed name of signee  |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)