

**LD5000094120**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000226507 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : REEDER & REEDER, P.A.  
Account Number : I20030000122  
Phone : (561) 575-9750  
Fax Number : (561) 575-9765

M. Thomas SEP 26 2005

RECEIVED

05 SEP 23 AM 11:59

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**June Learning LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

05 SEP 23 AM 11:09

FILED

H05000226507 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

June Learning LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1521 Alton Road, #581  
Miami, FL 33139

1521 Alton Road, #581  
Miami, FL 33139

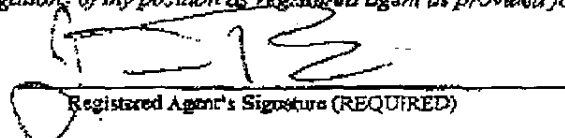
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

James F. Rosenberg  
Name  
1521 Alton Road, #581  
Florida street address (P O. Box NOT acceptable)  
Miami, FL 33139  
City, State, and 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 606, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)  
Page 1 of 2

H05000226507 3

FILED  
05 SEP 23 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H05000226507 3

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" - Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

James Rosenberg  
1521 Alton Road, #581  
Miami, FL 33139

MGRM

Judy Nee  
8487 155th Pl W  
Palm Beach Gardens, FL 33418

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


05 SEP 23 AM 11:09

FILED

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James F. Rosenberg

Typed or printed name of signer

SEC TALL

05

**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)

H05000226507 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA