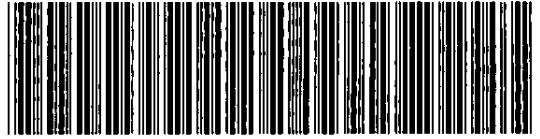


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Effective Date 03/27/10

(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:

Office Use Only

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T. HAMPTON

APR 13 2010

EXAMINER

29591-010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dr. Cynthia Perry Memorial Scholarship, 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:

Antonio S. Magwood

Name of Person

N/A

Firm/Company

7972 Venetian Street

Address

Miramar, FL. 33023

City/State and Zip Code

acts5225@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio S. Magwood at ( 786 ) 709-7357

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 APR 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 2, 2010

ANTONIO S MAGWOOD  
7972 VENETIAN ST  
MIRAMAR, FL 33023

SUBJECT: DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC  
Ref. Number: W10000016362

We have received your document for DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 1, 2010. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 610A00008150

Effective Date

03/27/10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dr. Cynthia Perry Memorial Scholarship, 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:**

503 West Edgwood Avenue  
Jacksonville, FL. 32208

503 West Edgwood Avenue  
Jacksonville, FL. 32208

**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:

Antonio S. Magwood

Name

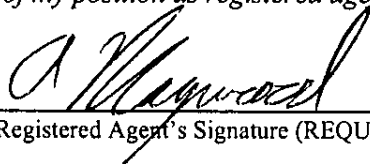
7972 Venetian Street

Florida street address (P.O. Box **NOT** acceptable)

Miramar, FL 33023

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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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10 APR - 1 AM '10

**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:**

MGR David Perry

503 West Edgwood Avenue  
Jacksonville, FL. 32208

MGRM Alice Faye Boyd

8048 Virgo Street  
Jacksonville, FL. 32216

MGRM Jacqueline Riley

7211 Rhode Island Drive East  
Jacksonville, FL. 32209

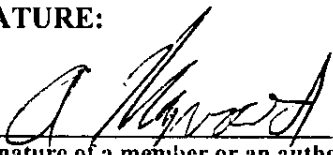
MGRM Denay Perry

503 West Edgwood Avenue  
Jacksonville, FL. 32208

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 17, 2010 <sup>asm</sup> (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.)

\_\_\_\_\_  
Antonio S. Magwood  
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)

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DIVISION OF CORPORATIONS  
10 APR - 1 AM '10

**ATTACHMENT**

**ARTICLE IV (Continued)- 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 Tracy B. Magwood

7972 Venetian Street

Miramar, FL. 30023

MGRM Antonio Magwood

7972 Venetian Street

Miramar, FL. 30023

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