

Division of Corporation

L11000092497

Florida Department of State  
Division of Corporations  
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.

((H11000201776 3)))



H110002017763ABCZ

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) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

florida collaborative trainers llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
11 AUG 11 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2011 AUG 11 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

③

H11000201776

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Florida Collaborative Trainers 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:**

8525 S.W. 92nd Street  
Suite B-5  
Miami, Florida 33156-7374

**Mailing Address:**

8525 S.W. 92nd Street  
Suite B-5  
Miami, Florida 33156-7374

**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:

Rosemarie S. Roth, Esq.

Name

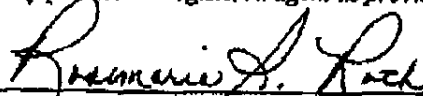
8525 S.W. 92nd Street, Suite B-5

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

Miami, Florida FL 33156-7374

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

H11000201776

2011 AUG 11 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H11000201776

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGMR" = Managing Member

**Name and Address:**

MGMR

Rosemarie S. Roth, Esq.

8626 S.W. 82nd Street, Suite B-5

Miami, Florida 33156-7374

MGMR

Lana M. Stern, PH.D.

8626 S.W. 82nd Street, Suite B-5

Miami, Florida 33156-7374

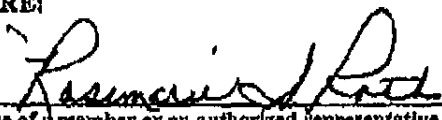
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 08-10-2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Rosemarie S. Roth, Esq.

Typed or printed name of signer

**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)

H11000201776

2011 AUG 11 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED