

L12000156844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

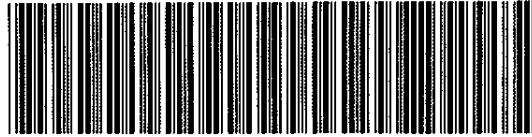
(Business Entity Name)

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12 DEC 14 PM 4:23

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 14 AM 9:59

DEC 17 2012
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 459893 131879A

AUTHORIZATION :

COST LIMIT : \$ 160.00

Spencer

ORDER DATE : December 14, 2012

ORDER TIME : 2:19 PM

ORDER NO. : 459893-005

CUSTOMER NO: 131879A

DOMESTIC FILING

NAME: GREEN APPLE SCHOOLS
MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Green Apple Schools Management, 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:

Collette D. Papa, Esq.
(Name of Person)

(Firm/Company)

6340 Sunset Drive
(Address)

Miami, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Collette D. Papa at (305) 669-2906
(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

Effective Date

1/1/13

ARTICLES OF ORGANIZATION
FOR
Green Apple Schools Management, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

The name of the Limited Liability Company is:

Green Apple Schools Management, LLC

ARTICLE II-ADDRESS:

PRINCIPAL ADDRESS: 673 HUNAN STREET NE
PALM BAY, FL 32907

MAILING ADDRESS: 1350 WYOMING DRIVE SE
PALM BAY, FL 32909

ARTICLE III-REGISTERED AGENT:

COLLETTE D. PAPA, ESQ.
6340 SUNSET DRIVE
MIAMI, FL 33143

ARTICLE IV – PURPOSE:

The purpose of this Limited Liability Company shall be any and all lawful business.

ARTICLE V-MANAGEMENT:

Until further notice, the Limited Liability Company is to be managed by a manager and said manager is as follows:

(MGR) Constance Ortiz

Address: 673 Hunan Street, NE
Palm Bay, FL 32907

ARTICLE VI – EFFECTIVE DATE:

The effective time and date of commencement of this Limited Liability Company shall be: January 1, 2013 at 9:00 AM EST.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
Collette D. Papa, Esq., Authorized Representative

Date: 12/13/12

(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.)

12 DEC 14 AM 9:59

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DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 OF 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Green Apple Schools Management LLC, a Florida limited liability company

2. The name and street address of the registered agent are:

Name: Collette D. Papa, Esq.

Address: 6340 Sunset Drive, Miami, FL 33143

Having been named as registered agent and to accept services 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.

By:

Name: Collette D. Papa, Esq.

Date:

12/13/12

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