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J. BRYAN

OCT 1 5 2008

**EXAMINER** 

## **COVER LETTER**

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TO: Registration S Division of Co			
SUBJECT: Tak	KE A Journey (Name of Limited	Learning Conpany)	enter
The enclosed Articles of	f Organization and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tanvie ,	Lewis A	
		·	
	Take A Jour 8 Aston arc	ney Learnin	og Center
	(Fi	rm/Company)	081
	8 Aston arc	le Brov	OCT -
		(Address)	+ 627 m
	Drmond Be	ACh, Fla. 3211 tate and Zip Code)	74 PHR:
	(City/S	tate and Zip Code)	P. T. T.
			3
	concerning this matter, please ca		
Tamie	Lewis A .	1384 <u>1615-3</u>	186/386 - 334-6588 phone Namber)
(Name	of Person)	(Area Code & Daytime Tele	phone Namber)
	or 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 C Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
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:
8 Aston Circle Ormand Beach Fla. 32174  8 Aston Circle Ormand Beach Fla. 32174
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:
Tancie Leuis A
Name  8 Aston Circle  Florida street address (P.O. Box NOT acceptable)  Ormand Ban. Fl. 32174  City, State, and Zip
Ormond Bun. FL 32174  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

# 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 MGR ASTON CUCK Ormand Bank Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

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)