

L000000000427

Requestor's Name
2189 Cleveland St
Address
Clearwater FL 33765 121-4499964
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Electronic Learning LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RECEIVED
JAN 12 12:00 PM
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE REGISTRATION
Walk in
Mail out

- ☐ Pick up time _____ ☐ Certified Copy
☒ Will wait ☐ Photocopy ☐ Certificate of Status

00 JAN 12 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-01/12/00--01019--010
****125.00 ****125.00

Examiner's Initials

JB 1-12-00

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

ARTICLES I - Name:

The name of the Limited Liability Company is:

Electronic Learning LC

ARTICLES II - Address:

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

**12033 92 Way N
Largo, FL 33773**

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

Thirty Years

ARTICLES IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**Larry D Moulds
12033 92 Way N
Largo, FL 33773**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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Larry D Moulds, Member Manager



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes as affirmation under the penalties of perjury that the facts stated herein are true.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGIS-
TERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

Electronic Learning LC

2. The name and address of the registered agent and office is :

Larry D Moulds

Name

12033 92 Way N

(P.O. Box not acceptable)

Largo, FL 33773

City/State/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.

Larry D Moulds

(Signature)

Jan. 10, 2000

(Date)

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TALLAHASSEE, FLORIDA

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