

# L00000002612

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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-03/03/00--01115--014  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: THE LEARNING GROUP L.L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FILED  
MAR 3 PM 3:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FROM: JOHN NEWNHAM  
Name (Printed or typed)

4240 SW 70th TERRACE  
Address

DAVIE FL 33314  
City, State & Zip

(954) 344-5807 / (954) 472-8338  
Daytime Telephone number

Name	
Address	
Document Examiner	DCC
Updater	DCC
Updater Verifier	CC
Acknowledgement	DCC
W. P. Verifier	DCC

3 pages

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: THE LEARNING GROUP, L.L.C.

## ARTICLE II - Address:

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

4240 SW 70<sup>th</sup> TERRACE  
SUITE 1a.  
DAVIE, FL 33314

## ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

JOHN NEWNHAM  
4240 SW 70<sup>th</sup> TERRACE  
SUITE 1a  
DAVIE, FL 33314

## ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

*J. Newnam*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN NEWNHAM

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

FILED  
00 MAR -3 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: THE LEARNING GROUP, LLC.

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

JOHN NEWNHAM

NAME

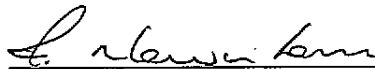
4240 SW 70<sup>th</sup> TERRACE SUITE 100

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

DAVIE, FL 33314

CITY, STATE AND ZIP

*Having been named as registered agent and to accept service of process for the above stated ;limited l;iability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

FILED  
MAR -3 PM 3:30  
CLERK OF CIRCUIT COURT  
ALACHUA COUNTY FLORIDA