Mr. & Mrs. R. Mantia 997 N. Lake Claire Circle Otriedo, FL 32765	000/806	5
City/State/Zip FIIOIN	Office Use Only CUMENT NUMBER(S), (if known):	HUH
(Corporation Name)	(Document #)	·
(Corporation Name)	(Document #) -10/18/0 *****125	415180 101041004 .00 ****125.00
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
 Profit Not for Profit Limited Liability Domestication Other 	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	FILED 01 OCT 18 PM 4: 33 SECRETARY OF STATE TALLAHASSEE, FLORID/
THER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement	, ⊳

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the second second The name of the Limited Liability Company is: YE OLDE SCHOOLHOUSE OF ROCKLEDGE, L.L.C. ARTICLE I – Name: a property of the particular of the property of the particular of the state of the particular of the state of the

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 997 N. Lake Claire Circle

Oviedo, FL 32765

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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aire Circle Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
FL 32765	
	e laire Circle Box <u>NOT</u> acceptable)

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.

Negistered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Lathyn Mantier

Signature of a nlember 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.)

Kathryn Mantia

Typed or printed name of signce

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

OCT 18 PM

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- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)