# L04000034878

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W04-13974					

Office Use Only

2004 MAY -7 P 12: 56

SECRETARY DE STATE

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### FILED

## FLORIDA DEPARTMENT OF STATE MAY -7 P 12: 56 Glenda E. Hood Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 9, 2004

JUDY FAY STUBBS 11221 SW 176 ST. MIAMI, FL 33157

SUBJECT: KINDERCADETS ACADEMY

Ref. Number: W04000013974

We have received your document for KINDERCADETS ACADEMY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 204A00023513

P. C. C. C. C. C. D. O. DOY 0997 Mellehanna Warida 9991



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2004 MAY -7 P 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 23, 2004

JUDY FAY STUBBS 11221 SW 176 ST. MIAMI, FL 33157

SUBJECT: KINDERCADETS ACADEMY

Ref. Number: W04000013974

We have received your document for KINDERCADETS ACADEMY. However, the document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 304A00027023

District Community DA DOV 6007 William W 12 POP1

#### TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	* *		FILED		
SUBJE	cor: <u>Kinden</u>	Cade+S (Name of Limited Li	A ade ability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	_M6.	Judy Fa	Stub (of Person)	bs		
	Kinder	Cadets	Academic (Company)	4		
_	11221	SW 176	<b>5</b> +			
		(A	ddress)			
		ami, FLa	and Zip Code)	33157		
For further information concerning this matter, please call:						
J	udy F. S	Hubbs at (		232 - 899 9 ytime Telephone Number)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: 
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR

FILED

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
KINDERCADETS ACADEMY	LLC TALLAMASSEE, 7 COMPA
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
KINDERCADETS ACEDEMY LLC	KINDERCADETS ACADOMY LLC
11221 SW 176 St	11221 SW 176 St
Miami, FC 33157	Miami, FC 33157
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	

Tudy fay Stubbs
Name

11221 S W 176 St

Florida street address (P.O. Box NOT acceptable)

Miami, FLORIDA 33157

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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  MGRM	Name and Address:  Judy Fay	SECRETARY OF STATE TORNAHASSEE, FLORIDA				
	miami, Fu	52 St orida 83157				
(Use attachment if necessary)						
NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:						
(In accordance with section 608 of this document constitutes an	nuthorized representative of a mem 3.408(3), Florida Statutes, the execution affirmation under the penalties of per	OR .				
	Tay Stybbs inted name of signee					

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)