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TALLAHASSEE, FLORIDA

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# NEW FAMILY INSTITUTE

1686 Rachels Ridge Loop Ocoee, FL 34761 (407) 522-0000

## COVER LETTER

Shera Kelly, CEO  
1686 Rachels Ridge Loop  
Ocoee, FL 34761

Bus (407) 522-0000  
Fax (407) 295-3612  
Home (407) 522-0106  
Cell (407) 376-7325

e-mail SKelly@NewFamilyInstitute.Com

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# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Family Institute, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shera Kelly  
(Name of Person)

(Firm/Company)

11816 Rachels Ridge Loop  
(Address)

Ocoee, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shera Kelly at (407) 522-0000  
(Name of Person) (Area Code & Daytime 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

New Family Institute, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Shera Kelly  
1686 Rachels Ridge Loop  
Ocoee FL 34761

**Mailing Address:**

Shera Kelly  
1686 Rachels Ridge Loop  
Ocoee, FL 34761

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FLORIDA 32301

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..*

Corporation Service Company

By: 

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

New Family  
Institute

**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

**Name and Address:**

MGR

Shera Kelly  
11814 Rachel's Ridge Loop  
Orlando, FL 32781

MGR

Tom Hagood  
2729 Willow Creek Dr.  
Orlando, FL 32765

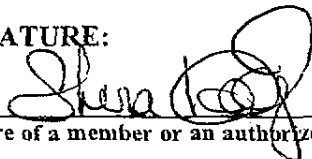
MGR

Greg Badgewell  
13927 Eylewood Dr.  
Winter Garden, FL 34787

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested

**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.)

By:

Shera Kelly

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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**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)