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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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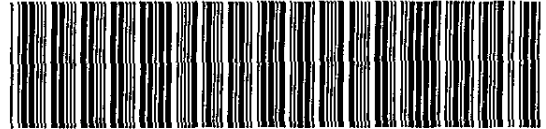
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEX TUTORING AND LEARNING CENTER 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:

FLO McCALLA
(Name of Person)

APEX TUTORING AND LEARNING CENTER LLC
(Firm/Company)

2250 NW 136TH AVENUE
(Address)

PEMBROKE PINES, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

FLO McCALLA at (954) 614 -3650
(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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2004 JUL 29 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 JUL 29 PM 1:06
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

APEX TUTORING AND LEARNING CENTER LLC

ARTICLE II - Address:

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

Principal Office Address:

2250 NW 126TH AVENUE

PEMBROKE PINES, FL 33028

Mailing Address:

2250 NW 126TH AVENUE

PEMBROKE PINES, FL 33028

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

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

FLO McCALLA

Name

3399 FOXCROFT ROAD #105

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

MIRAMAR, 33025

FLORIDA

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

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

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

FLO McCALLA
3399 FOXCROFT ROAD #105,
MIRAMAR, FL 33025

MGR

ALTHEA RUSSELL
5260 NW 158TH LANE ,
PEMBROKE PINES, 33028

MGRM

ANGELLA COY
8592 W. SUNRISE BLVD.,
PLANTATION, FL 33322

MGRM

SALOMON ALEXANDER
681 NW 151ST AVENUE
PEMBROKE PINES, FL 33028

(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.)

FLO McCALLA

Typed or printed 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)