

L04 0000 73839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

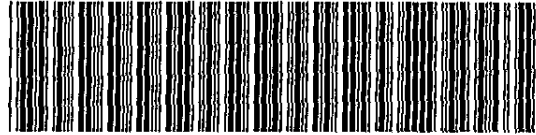
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/04--01058--001 **130.00

FILED
04 OCT 11 AM 10:19
TALLAHASSEE, FLORIDA

STEVEN J. VAN DYKE

October 6, 2004

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is my check in the amount of \$130.00 to cover the Filing Fee, Registered Agent Designation and the Certificate of Status for the Institute for Cognitive Growth, L.L.C.

Also enclosed is a Transmittal Letter, and the Articles of Organization.

Please contact me with any questions, etc.

Sincerely,



Steven Van Dyke
Managing Member
Institute for Cognitive Growth, LLC
4630 S. Kirkman Rd.
Suite 202
Orlando, FL 32811
(407) 849-1440

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute for Cognitive Growth, 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:

Steven J. Van Dyke
(Name of Person)

Institute for Cognitive Growth, LLC
(Firm/Company)

4630 Kirkman Rd. Suite 202
(Address)

Orlando, FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Van Dyke at (407) 849-1440
(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:

Institute for Cognitive Growth, LLC

ARTICLE II - Address:

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

Principal Office Address:

5348 Burning Tree Drive

Orlando, FL 32811

Mailing Address:

4630 S. Kirkman Rd.

Suite 202

Orlando FL 32811

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

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

Bonnie J. Van Dyke

Name

5348 Burning Tree Dr.

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

Orlando

FLORIDA 32811

City, State, and Zip

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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..

Bonnie J. Van Dyke

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:

MGRM

Steven J. Van Dyke

4630 S. Kirkman Rd., Suite 202

Orlando, FL 32811

MGR

Bonnie Van Dyke

5348 Burning Tree Dr.

Orlando FL 32811

MGR

Andrew Wilder


5837 Gallant Fox Lane

Plano Texas 75093


(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.)


Typed or printed name of signee

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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)