

LOS 0000006635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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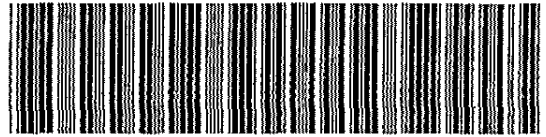
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACHIEVERS EDUCATIONAL SERVICES, 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:

Aland Pierre-Camel, CPA  
(Name of Person)

APCPA SERVICES, PA  
(Firm/Company)

P.O. Box 370305  
(Address)

Miami FL 33137  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aland Pierre-Camel at (305) 892-8565  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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  
OF  
ACHIEVERS EDUCATIONAL SERVICES, LLC**

The undersigned individuals hereby form a limited liability company under Chapter 608 of the State of Florida.

**ARTICLE I. Name**

The name of the limited liability company is **ACHIEVERS EDUCATIONAL SERVICES, LLC**.

**ARTICLE II. Address**

The mailing address and street address of the principal office of the limited liability company follow:

***9719 NE 2 Ave  
Miami Shores, Fl 33138***

**ARTICLE III. Nature of business**

The limited liability company shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

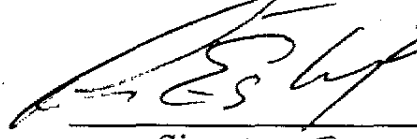
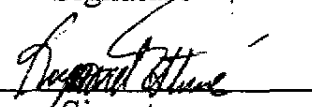
**ARTICLE IV. Members**

The names of the initial members of the limited liability company are:

Mrs. Lisa Estime  
Mr. Raymond Estime  
Mrs. Wienelmine Estime Jackson

Mrs. Lisa Estime

Mr. Raymond Estime

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE V. Registered Agent, Registered Office & Registered Agent's Signature:**

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

Mr. Raymond Estime  
9717 NE 2 Ave  
Miami Shores, Fl 33138

*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 I Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

Date: 01/03/05

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