

05000031172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

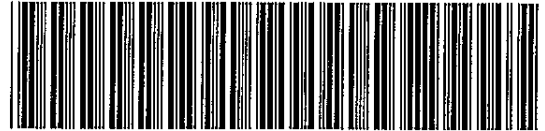
Certificates of Status 1

Special Instructions to Filing Officer:

3/28

FL LC

Office Use Only



000048679250

03/28/05--01073--009 **100.00

05/17/23 PM 3:13

FILED

MJH

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Learning Concepts, 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:

Tina L. Kimmel
(Name of Person)

(Firm/Company)

6355 Marberry Drive
(Address)

Orlando, Florida 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina L. Kimmel at 407-484-9063
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

05 MAR 28 PM 3:14

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative Learning Concepts, LLC

ARTICLE II - Address:

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

Principal Office Address:

Creative Learning Concepts, LLC
6355 Marberry Drive
Orlando, Florida 32819

Mailing Address:

Creative Learning Concepts, LLC
P.O. Box 1951
Windermere, Florida 34786-1951

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

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

Tina L. Kimmel

Name

6355 Marberry Drive

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

Orlando

FL 32819

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, F.S..

Tina L. Kimmel

Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 28 PM 3:14
TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Orlando, Florida 32819

Managing Member

Orlando, Florida 32819

REQUIRED SIGNATURE:

Jana L. Kimmel

(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.)

Tina L. Kimmel

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

05 MAR 28 PM 3:14
FBI
TULSA