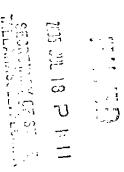


	(Request	or's Name)	
	(Address)	
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	(City/Stat	te/Zip/Phone	#)
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07/18/05--01051- 024 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LaPool Training & E				<u>,u</u>
	(Name of Limite	ed Liability Company)		
The enclosed Articles of Organizat	ion and fee(s) are	submitted for filing.		
Please return all correspondence co	ncerning this matt	ter to the following:		
		anley L. Twiggs (Name of Person)		
,	,	(Name of Ferson)		
		ning & Education, L.L.C. (Firm/Company)	- 	
		(Throcompany)		
	2292 Nettle	brook Street North (Address)		
		(Address)		
		ville, Florida 32218		
	(City	//State and Zip Code)		
For further information concerning	this matter, please	e call:		
Jimmie P. Hicks		_ at \	8-1211	
(Name of Person)		(Area Code & Dayti	ime Telephone Number)	
Enclosed is a check for the follow	wing amount:			
-	00 Filing Fee & te of Status	☐ \$155.00 Filing Fee Certified Copy (additional copy is enclose	Certificate of	Status &
STREET ADDR Registration Secti Division of Corpo 409 E. Gaines Str Tallahassee, Flori	on orations eet	Registrat Division P.O. Box	6327	19 YE
			i n	 =

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y is:
he principal office of the Limited Liability Company is:
Mailing Address:
2292 Nettlebrook Street North
Jacksonville, Florida 32218
ered Office, & Registered Agent's Signature:
the registered agent are:
Twiggs
lame
ok Street North
et address (P.O. Box NOT acceptable)
nville, FL 32218
tate, and Zip
d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	2292 Nettlebrook Street North
Mort	Jacksonville, Florida 32218
"MGRM"	13407 Ashcroft Landing Court
	Jacksonville, Florida 32225
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Stanley	
(In accordance with section	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution
of this document constitut that the facts stated here	es an affirmation under the penalties of perjury
	itanley L. Twiggs
Турес	or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz of Registered Agent	ation and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	