

L06000003591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

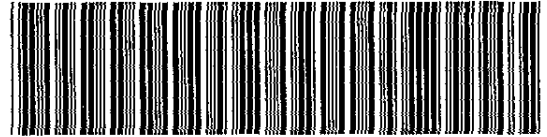
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

106A 00002093

Office Use Only



200063132562

01/11/06--01032--002 **155.00

FILED

2006 JAN 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JAN 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

1/11

Saul B. Lipson

Requestor's Name

1515 University Dr. #222

Address

Coal Springs FL 33071

City

State

ZIP

Phone

(954) 755-4405A

VALIDATION ONLY

FILED
2006 JAN 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

CAREER Academy Direct, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

FILED
2006 JAN 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I – Name

Career Academy Direct, LLC

Article II – Address:

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

2131 Camden Way
Clearwater, Florida 33759

Article III – Registered Agent, Registered Office, & Registered Agent's Signature

Saul B. Lipson
1515 University Drive
Suite 222
Coral Springs, Florida 33071


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.



Registered Agent's Signature

Article IV – Management (Check box if applicable.)

☒ [X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

X 

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.)

Mike Kaplan

Typed or printed name of signee

FILED
2006 JAN 11 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA