

L06000118095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

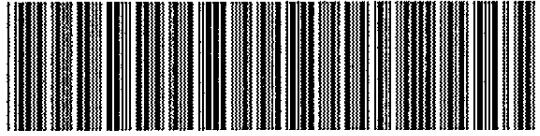
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

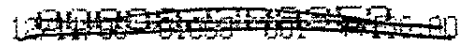
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06 DEC 11 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporation

SUBJECT: LJ Educational Enterprises, LLC

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**The Finck Law Group, P.A.
4028 Commercial Way
Spring Hill, Florida 34606**

For further information concerning this matter, please call:

Ryan B. Finck, Esq. or Stacie Vandegrift, Paralegal at (352) 398-1061

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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier/Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

LJ Educational Enterprises, LLC

ARTICLE II – Address:

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

Principal Office Address:

**8120 Spring Hill, Drive
Spring Hill, Florida 34606**

Mailing Address:

**8120 Spring Hill Drive
Spring Hill, Florida 34606**

**ARTICLE III – Registered Agent, registered Office, & Registered Agent's
Signature:**

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

**Lawrence A. Stellato, Jr.
8120 Spring Hill Drive
Spring Hill, Florida 34606**

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 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 (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

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

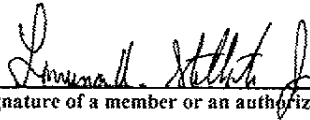
Title:

Name and Address:

MGRM

**Lawrence A. Stellato, Jr.
8120 Spring Hill Drive
Spring Hill, Florida 34606**

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.)

Lawrence A. Stellato, Jr.

Typed or printed name of signee