# L07000097019

(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:			

Office Use Only



200109707112

09/21/07--01035--004 \*\*125.00

DIVISION OF CORPUKATIONS

# **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJ	ECT: My Learning Club, LLC	
		ited Liability Company)
The er	nclosed Articles of Organization and fee(s) are	e submitted for filing.
Please	e return all correspondence concerning this ma	atter to the following:
	Kenneth Resnick	<b>0</b> =
		(Name of Person)
	My Learning Club, LLC	(Name of Person)  OT SECRETARY OF CORPORATION  (Firm/Company)  (Address)
		(Firm/Company)
	701 Courtland Blvd.	(Firm/Company)  PA 1:  (Address)
		(Address)
	Deltona, FL 32738	
	(C	ity/State and Zip Code)
For fu	arther information concerning this matter, plea	se call:
	-	/ //
Ken	nneth Resnick (Name of Person)	at (_407) 328-8831/3 2 4 - 0090 (Area Code & Daytime Telephone Number)
	,	(,,,,,,,,
Enclo	sed is a check for the following amount:	
<b>✓</b> \$125	5.00 Filing Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
My Learning Club, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1342 Howland Blvd., Deltona, FLA 32738	701 Courtland Blvd., Deltona, FL 32738
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	~~~!!
Kenneth Resnick	egistered agent are:  PH 1: 00
Name	90 OK
701 Courtland Blvd.	
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Deltona	FL 32738
City, State, ar	nd 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Kenneth Resnick 701 Courtland Blvd. Deltona, FL 32738

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Kenneth Resnick

Typed or printed name of signee

## Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)