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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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DIVISION OF CLAT OF MILE 42

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Milestones Early Inte	ervention, LLC
	led Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Kimberly Lesnick	
	(Name of Person)
Milestones Early Interve	ention, LLC
	(Firm/Company)
6258 Forestwood Dr. E	
	(Address)
Lakeland, FL 33811	
(Cit	ty/State and Zip Code)
For further information concerning this matter, please	e call·
To future information concerning this matter, preason	
Kimberly Lesnick	_ at (863) 838-1354 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$	▼\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 LIABILITY COMPANY

LLC
lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
Training Fractions
Milestones Early Intervention, LLC
6258 Forestwood Dr. E
Lakeland, FL 33811
LOGG O Destruction of St. 4
d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
registered agent are:
Dr. E
dress (P.O. Box <u>NOT</u> acceptable)
FL 33811
and Zip
accept service of process for the above stated limited this certificate, I hereby accept the appointment as
nis certificate, I nereby accept the appointment as y.   I further agree to comply with the provisions of all
erformance of my duties, and I am familiar with and
stered agent as provided for in Chapter 608, F.S
0:
7 S
<b>P</b>
ture (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:

<u>Title:</u>		Name and Address:		
"MGR" = Manag				
"MGRM" = Man	aging Member			
MGRM		Kimberly Lesnick		
	_	6258 Forestwood Dr. E		
		Lakeland, FL 33811		
MGRM		Wendy Bradshaw		
	<del></del>	5046 Copperstone Cir		
		Mulberry, FL 33860	_	
<del>" - " - "</del>				
	<del></del>		<del></del>	
		<del></del>		
/TT4414	:C			
(Use attachment	ii necessary)			
		date of filing: (OPT		
		e specific and cannot be more than five busine	ess days p	rior
to or 90 days after the da	ate of filing.)			
REQUIRED SI	GNATURE:	Λ		
	11///	$\mathcal{L}_{I}$		
	Later 1	Sail		
	Signature of a member	or an authorized representative of a member.		
	(In accordance with sec of this document consti- that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)		
	Kinber	da losaik		(_)
	Туг	ped or printed name of signee	07	Ĭ
Filing Fees:	•		SEF	55
rinig rees:	<u> </u>		2	95

07 SFP 28 AMII: 1.2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)