

L08000003448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

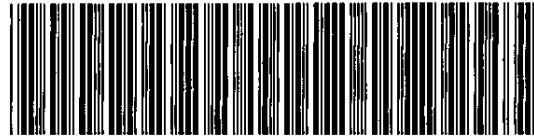
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400113394434

01/10/08--01029--010 \*\*160.00

FILED  
08 JAN 10 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GA 1/10

## COVER LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOMINION EDUCATIONAL SERVICES, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

CLIFTON H. RODRIQUEZ, CPA  
(Name of Person)

DOMINION EDUCATIONAL SERVICES, LLC  
(Firm/Company)

3146 NW 68th STREET  
(Address)

FORT LAUDERDALE, FLORIDA 33309-1206  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA at (954)969-9380  
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED  
08 JAN 10 PM 2:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DOMINION EDUCATIONAL SERVICES, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

### Mailing Address:

6227 NW 53rd Circle

Coral Springs, Florida 33067

6227 NW 53rd Circle

Coral Springs, Florida 33067

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JENNIFER FOREMAN

Name

6227 NW 53RD CIRCLE

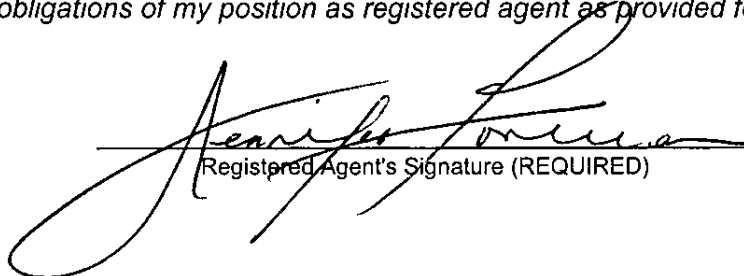
Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33067

City, State, and Zip

**FILED**  
 08 JAN 10 PM 2:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*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

**Name and Address:**

MGR/President

Taji Senu Foreman

6227 NW 53rd Circle

Coral Springs, Florida 33067

MGRM/Sec/Treasurer

Zara Foreman

6227 NW 53rd Circle

Coral Springs, Florida 33067

Executive Director/CEC

Jennifer Foreman

6227 NW 53rd Circle

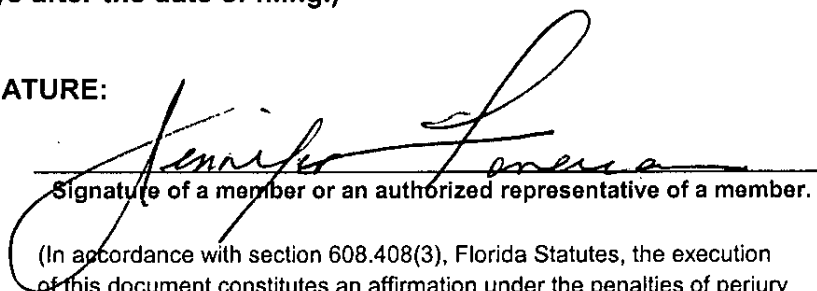
Coral Springs, Florida 33067

(Use attachment if necessary)

**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.)

Jennifer Foreman

Typed or printed name of signee

**FILED**  
 08 JAN 10 PM 2:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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)**