W800039942

(Requestor's Name)
•
(Address)
(Address)
(1881000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dushiess Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, i
·

Office Use Only



600123860526

04/21/08--01021--019 **130.00



COVER LETTER

	stration Section . ion of Corporations
SUBJECT:	Across Borders School of Real Estate
_	(Name of Limited Liability Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
Davi	d E. Wyant
	(Name of Person)
Acro	oss Borders School of Real Estate
	(Firm/Company)
280	(Firm/Company) 1 John Anderson Drive (Address) aond Beach, FL 32176 (City/State and Zip Code)
	(Address)
Orm	ond Beach, FL 32176
	(City/State and Zip Code)
For further inf	formation concerning this matter, please call:
David E.	Wyant 386 441-4444
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
\$125.00 Fil	Ing Fee Signature Signature Signature Signature Sign
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name: The name of the Limited Liability Company is:
Across Borders School of Real Estate "LLC."
(Must end with the words "Limited Liability Company, "L.I
ARTICLE II - Address:

Principal Office Address:

Mailing	Address:

Company, "L.L.C.," or "LLC.")

2801 John Anderson Drive2801 John Anderson DriveOrmond Beach, FL 32176Ormond Beach, FL 32176

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 business entity with an active Florida registration.)

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

David E. Wyant

Name

2801 John Anderson Drive

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

Ormond Beach, FL 32,176

City, State, and 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)

ARTICLE IV-'Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

MGR	Patsy A. Smith
	2801 John Anderson Drive
	Ormond Beach, FL 32176
	EG.
	E
•	- A
(Use attachment if necessary)	元 元
LEW FEE A AM 10 A A	al La CCI
LE V: Effective date, if other than fective date is listed, the date mu	n the date of filing: (OPTINA) st be specific and cannot be more than five business days
days after the date of filing.)	st be specific and cannot be more than five business day.
,	

(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.)

David E. Wyant

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)