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SECRETARY OF STATE

COVER LETTER

	legistration Section Division of Corporations
SUBJECT	(Name of Limited Liability Company)
	(Number Emilied Entering)
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	MELISSA C. MAZZOTTA
	(Name of Person)
	FORT LAUDERDALE LEARNING CENTER, LLC (Firm Company)
	1904 S.W 4th AVE (Address)
_	FT. LAUDERDALE, FLORIDA 33.315 (City State and Zip Code)
For further	information concerning this matter, please call:
MEL	(Name of Person) at (305) 303 1500 (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
125.00	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & 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:

FORT LAUDERDALE LETTENING CENTER, LIC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

MELISSA C. MAZZOTTA

1904 SW 4Th AVENUE

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

FT. LAUDERDALE FL. 33315 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)

(CONTINUED) Page 1 of 2

"MGR" = Mana "MGRM" = Mana	ger naging Member	Name and Address:	
MGR	magnig Mcmoci	MEUSSA C MAZZO 13600 SW 1865 MIAMI, FLORIDA 3	T:
MGRM	1_	MEUSSA C. MAZZ 13600 SW. 1865 MIAMI, PLORIDA	
	 .		
			
(Use attachment LE V: Effective	date, if other than the	e date of filing: O7/II/OO. (O e specific and cannot be more than five bus	OPTIONAL) iness days p
Tective date is li	uic or ining.		
fective date is li days after the d	•		SECTO TALLAI
fective date is li days after the d	IGNATURE:	er or an authorized representative of a member.	SECTE TARY
Tective date is li days after the d <u>REQUIRED</u> SI	IGNATURE: Signature of a member (In accordance with see	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	SECTE TARY OF STATE SALLAHASSEE FLORID

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)

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