



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Learning Foundations Real Estate 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:

**Christopher L. Frankel**

(Name of Person)

**Learning Foundations Real Estate LLC**

(Firm/Company)

**PO Box 320938**

(Address)

**Tampa, FL 33679**

(City/State and Zip Code)

09 JUL 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

**Christopher L. Frankel**

(Name of Person)

at ( **813** ) **393-6961**

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2008

CHRISTOPHER L FRANKEL  
PO BOX 320938  
TAMPA, FL 33679

SUBJECT: LEARNING FOUNDATIONS REAL ESTATE LLC  
Ref. Number: W08000035891

FILED  
08 JUL 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LEARNING FOUNDATIONS REAL ESTATE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 7/29/08.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 708A00043843

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Learning Foundations Real Estate LLC

(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:**

Highland Park Phase 2A-1 Tract E  
Tampa FL 33626

**Mailing Address:**

PO Box 320938  
Tampa, FL 33679

**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:

Christopher L. Frankel

Name

1604 Culbreath Isles Dr

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

Tampa FL 33629

FL

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.*

C. Frankel  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

7/30/08

FILED  
08 JUL 29 PM 4:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Christopher L. Frankel

PO Box 320938

Tampa, FL 33679

MGR

Lorri M. Frankel

PO Box 320938

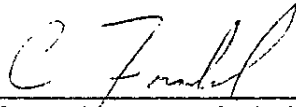
Tampa, FL 33679

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/30/08 (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.)

Christopher L. Frankel

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 29 PM 4:15

FILED

**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)**