

L08000073095

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(City/State/Zip/Phone #)

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L08000035898

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

D. BRUCE

JUL 30 2008

EXAMINER

EFFECTIVE DATE 7/30/08

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Learning Foundations Goddard 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:

Lorri M. Frankel

(Name of Person)

Learning Foundations Goddard LLC

(Firm/Company)

PO Box 320938

(Address)

Tampa, FL 33679

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lorri M. Frankel at (813) 407-5597
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2008

LORRI M. FRANKEL
P.O. BOX 320938
TAMPA, FL 33679

SUBJECT: LEARNING FOUNDATIONS GODDARD LLC
Ref. Number: W08000035898

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

We have received your document for LEARNING FOUNDATIONS GODDARD 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 29, 2008. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 408A00043852

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Learning Foundations Goddard 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:

Lorri M. 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..

Lorri M. Frankel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

7/30/08

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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

Lorri M. Frankel

PO Box 320938

Tampa, FL 33679

MGR

Christopher L. Frankel

PO Box 320938

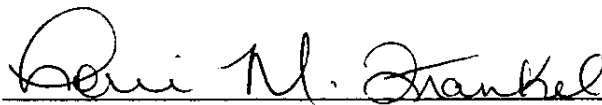
Tampa, FL 33679

(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.)

Lorri M. Frankel

Typed or printed name of signee

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08 JUL 29 PM 4:15
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)