

LO8000091675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

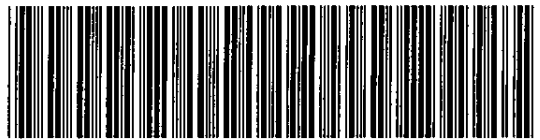
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to change the
date on article V.
Per Customer

Office Use Only



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09/19/08--01032--022 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 26 PM 3:41

FILED

LO8000091675
9/19/08
21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2008

ROBERT M LEAHY
416 NORTH SANS SOUCI AVENUE
DELAND, FL 32720

SUBJECT: AUTHENTIC EDUCATING LLC
Ref. Number: W08000043888

We have received your document for AUTHENTIC EDUCATING 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 . 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 008A00051021

Sept. 15, 2008

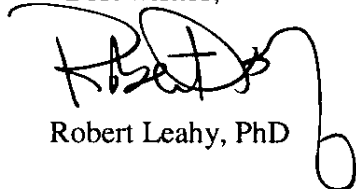
Robert Leahy
Authentic Educating LLC
416 N. Sans Souci Ave.
DeLand, FL 32720
386 736-4461

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850 245-6051

Folks,

Please accept this application and enclosed \$160 check (Filing Fee, Certificate of Status & Certified Copy) for formation of Authentic Educating as Limited Liability Company.

Best wishes,

A handwritten signature in black ink, appearing to read 'Robert Leahy', with a large, stylized loop at the end of the signature.

Robert Leahy, PhD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Authentic Educating 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:

Robert M. Leahy
(Name of Person)

Authentic Educating LLC
(Firm/Company)

416 North Sans Souci Avenue
(Address)

DeLand, Florida 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Leahy at (**386**) **736-4461**
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Authentic Educating 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:

416 North Sans Souci Avenue

DeLand, Florida 32720

Mailing Address:

416 North Sans Souci Avenue

DeLand, Florida 32720

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:

Robert M. Leahy

Name

416 North Sans Souci Avenue

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

DeLand, Florida 32720

City, State, and Zip

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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..

Robert M. Leahy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Robert M. Leahy

416 North Sans Souci Avenue

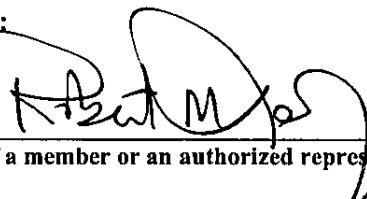
DeLand, Florida 32720

FILED
08 SEP 26 PM 3 41
SECTION 608.408(3)
FELM 11/13/08

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ²⁶September 4, 2008. (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.)

Robert M. Leahy

Typed or printed name of signer

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)