

LO9000014378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100141707721

01/22/09--01011--022 **160.00

EFFECTIVE DATE

1/18/09

FILED

09 JAN 22 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W. G. G. FEB 12 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2009

BONITA L. ELLIOTT
3796 S.W. 40TH STREET
WEST PARK, FL 33023

SUBJECT: C.L. COMMUNITY AND EDUCATIONAL SYSTEM LLC
Ref. Number: W09000003577

We have received your document for C.L. COMMUNITY AND EDUCATIONAL SYSTEM 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 309A00002535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.L. COMMUNITY AND EDUCATIONAL SYSTEM
(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:

BONITA L. ELLIOTT
(Name of Person)

(Firm/Company)

3796 S.W. 40TH STREET
(Address)

WEST PARK, FLORIDA 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MARTIN at (954) 801-9159
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.L. COMMUNITY AND EDUCATIONAL SYSTEM LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3796 S.W. 40 ST
WEST PARK FL 33023
BONITA L. ELLIOTT

Mailing Address:

SAME

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.)

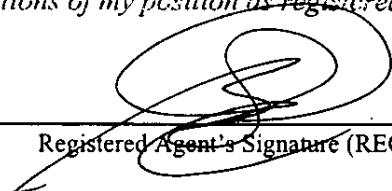
The name and the Florida street address of the registered agent are:

BONITA L. ELLIOTT
Name

3796 S.W. 40TH ST
Florida street address (P.O. Box NOT acceptable)
WEST PARK FL 33023
City, State, and Zip

FILED
09 JAN 22 PM 12:30
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..


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:

PRESIDENT MGR

BONITA L. ELLIOTT
3796 S.W. 40 STREET
WEST PARK FL 33023

VICE PRES MGRM

PATRA BAKER
3796 S.W. 40 STREET
WEST PARK FL 33023

EX. DIRECTOR MGRM

ROBERT L. MARTIN
4198 LAKESIDE DRIVE
FT LAUDERDALE, FL 33319

ADMINISTRATOR MGRM

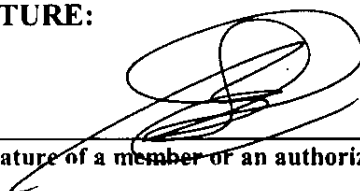
PHILLIP A. HALL
P.O. BOX 492004
FT LAUDERDALE, FL 33349

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN 18-09 (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.)

BONITA L. ELLIOTT

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)

FILED
09 JAN 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA