

LD9000018281

(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:

EFFECTIVE DATE

2/9/09

789

(2826)

671

Office Use Only



500143341505

02/11/09--01023--009 **160.00

FILED

09 FEB 11 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

FEB 24 2009

EXAMINER

W09-6890

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Our Lady of Charity Academy, 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:

Xenia Torres

(Name of Person)

Our Lady of Charity Academy, LLC

(Firm/Company)

1900 West 44th Place

(Address)

Hialeah, Florida 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Xenia Torres

(Name of Person)

at (**305**) **608-2658**

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 11 PM 2:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2009

XENIA TORRES
1900 WEST 44TH PLACE
HIALEAH, FL 33012

SUBJECT: OUR LADY OF CHARITY ACADEMY, LLC
Ref. Number: W09000006890

We have received your document for OUR LADY OF CHARITY ACADEMY, 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 February 11, 2009. Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A0000506

FILED
09 FEB 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Our Lady of Charity Academy, 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:

1900 West 44th Place
Hialeah, Florida 33012

Mailing Address:

1900 West 44th Place
Hialeah, Florida 33012

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:

Xenia Torres

Name

770 West 44th Place

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

Hialeah, Florida 33012

City, State, and Zip

09 FEB 11 PM 2:19
FILED
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)

Page 1 of 2

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

Xenia Torres

770 West 74th Place

Hialeah, Florida 33014

MGRM

Jorge Torres

770 West 74th Place

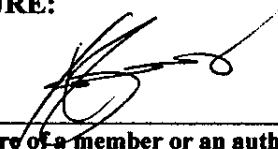
Hialeah, Florida 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 09, 2009. (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.)

FILED
09 FEB 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

XENIA TORRES

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)