

L090000019764

(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



100144471051

02/27/09--01021--003 \*\*155.00

RECEIVED

09 FEB 27 AM 11:46

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 FEB 27 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 27 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 02/27/2009

REF. #: 000174.100480

CORP. NAME: LITTLE SCHOLARS PRESCHOOL AND CHILD CARE CENTER, LLC

FILED  
09 FEB 27 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 591 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# **ARTICLES OF ORGANIZATION**

**LITTLE SCHOLARS PRESCHOOL AND CHILD CARE CENTER, LLC,  
a Florida limited liability company**

FILED  
09 FEB 27 PM 1:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE I NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**LITTLE SCHOLARS PRESCHOOL AND CHILD CARE CENTER, LLC**

## **ARTICLE II PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

**6537 Tarawa Drive  
Sarasota, Florida 34241**

## **ARTICLE III INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

**Sandra S. Wilk  
6537 Tarawa Drive  
Sarasota, Florida 34241**

## **ARTICLE IV MANAGEMENT AND POWERS**

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
35 day of February, 2009.

WITNESSES:

Jack M. Maag  
Print Name JACK M. MAAG

Sandra S. Wilk  
Sandra S. Wilk

Barbara J. Middleton  
Print Name Barbara J. Middleton

"MANAGER"

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

LITTLE SCHOLARS PRESCHOOL AND CHILD CARE CENTER, LLC

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

Sandra S. Wilk  
6537 Tarawa Drive  
Sarasota, Florida 34241

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

2/26/09



Sandra S. Wilk

"REGISTERED AGENT"