

L09000023391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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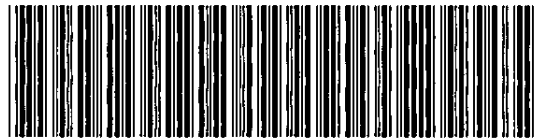
(Business Entity Name)

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RECEIVED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 11 2009
EXAMINER

FILED
09 MAR 10 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 03/10/09

REF. #: 001886.101291

CORP. NAME: CBT CAMPUS, LLC

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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# 529580 **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 OF
CBT CAMPUS, LLC**

The undersigned, acting as the organizing member of CBT CAMPUS, LLC, under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts, the following Articles of Organization for the limited liability company.

ARTICLE I - Name:

The name of the Limited Liability Company is: CBT CAMPUS, LLC (the "Company").

ARTICLE II - Address: The mailing address and street address of the principal office of the Company is:

25400 U.S. Highway 19 North, Suite 285
Clearwater, FL 33763-2154

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

J. Robert McCormack
3812 Coconut Palm Drive, Suite 200
Tampa, FL 33619

Having been named as the registered agent and to accept service of process for the above stated 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, Florida Statutes.


Registered Agent's Signature

ARTICLE IV - Organizing Member

The name and address of the authorized representative of the Company executing these Articles of Organization is as follows:

Kimberly A. Cardinale
25400 U.S. Highway 19 North, Suite 285
Clearwater, FL 33763-2154

IN WITNESS WHEREOF the undersigned Authorized Representative has executed these Articles of Organization as of the 10th day of March, 2009.


Kimberly A. Cardinale

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