

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
1. 60.				
W69000011215				

Office Use Only



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O9 MAR 26 PM 3: 46
SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

MAR 26 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: The Edu	cator Group		
	(Name of Limit	ed Liability Company)	
The enclosed Articles of Orga	anization and fee(s) are	submitted for filing.	
Please return all corresponder	nce concerning this mat	ter to the following:	
Danaé Olde	nburg		
		(Name of Person)	_
The Educate	or Group		
		(Firm Company)	
13785 Wals	ingham Road	Ste 416	
		(Address)	
Largo, FL 33	3774		
	(Cit	y State and Zip Code)	
For further information conce	rning this matter please	e call:	
			n o
Danaé Oldenburg (Name of Person) (Area Code & Daytime Telephone Number)			··· ··· ··· ··· ·· · · · · · · · · · ·
(ranne or res	soii)	(Alea Code & Dayume Tele	ephone Number,
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee \$\ C	30.00 Filing Fee & ertificate 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)
Re _l Div P.C	diling Address gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2009

DANEE OLDENBURG 13785 WALSINGHAM ROAD STE 416 LARGO, FL 33774

SUBJECT: THE EDUCATOR GROUP

Ref. Number: W09000011215

We have received your document for THE EDUCATOR GROUP and your check(s) totaling \$130.00. 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 March 9, 2009. 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00008132

O9 MAR 26 PM 3: 46
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:			
The Educator Group LLC				
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	ibility Con	ıpany	is:
Principal Office Address:	Mailing Address:			
13785 Walsingham Road Ste 416 Largo, FL 33774	Same as office address			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individ		Г	
Danaé Oldenburg Name		ECRETY	09 MAR 2	Ti
13785 Walsingham Road Ste 416 Florida street address (P.O. Box NOT acceptable)		PARY OF ASSEE, F	6 PH	
Largo FL 33774 City, State	FL le, and Zip	STATE LORIDA	3: 46	
Having been named as registered agent and	to accept service of process for the a	ibove stated	d limii	ed

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Danaé Oldenburg
	13785 Walsingham Road Ste 416
	Largo, FL 33774
, , , , , , , , , , , , , , , , , , , 	
	
(Use attachment if necessary)	
FICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
n effective date is listed, the date must l r 90 days after the date of filing.)	be specific and cannot be more than five business days prior
70 days after the date of imag.	
REQUIRED SIGNATURE:	•
	Chiles
Signature of a memb	per or an authorized representative of a member.
of this document cons	ection 608.408(3), filorida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	herein are true.)
	yped or printed name of signee
	FSI W. D
Filing Fees:	ORILI DA

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)