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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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SECRETARY OF STATE
VALLAHASSEE, FI ORIO

J. BRYAN

JUN -4 2009

EXAMINER

COVER LETTER

	ntion Section of Corporations		
SUBJECT:	Volunteer USA F	amily Literacy Academy #	#1, LLC
	Name of Lim	ited Liability Company	-
The enclosed Art	icles of Organization and fee(s) are	e submitted for filing.	
Please return all c	correspondence concerning this ma	utter to the following:	SECTALL TALL
	[Deming Cowles	超早
		Name of Person	ASSEE, FLORI
		Firm/Company	TSTATE OF THE STATE OF THE STAT
		31 Oak Street	Dr.
		Address	
	Babs	son Park, FL 33827	
		ity/State and Zip Code	
	demi	ingcowles@aol.com For future annual report notification)	
For further inform	nation concerning this matter, plea		
	Deming Cowles		-8012
	Name of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
004447	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	teracy Academy #1, LLC iability Company," "L.L.C.," or "LLC.")
Volunteer USA Family Lit	teracy Academy #1 LLC
(Must end with the words "Limited L	ciability Company," "L.L.C.," or "LLC.")
	707 7
ARTICLE II - Address:	OF 6
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
31 Oak Street	1 West Central Ave.
Babson Park, FL 33827	Lake Wales, FL 33853
business entity with an active Florida registration.) The name and the Florida street address of the street a	
	g Cowles
Na	ame
31 Oa	ak Street
Florida street address (I	P.O. Box NOT acceptable)
Babson Park 33827	7 _{FL}
City, Stat	e, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REOUIRED

(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:

	-	-
"MGR" = Manager "MGRM" = Manager		A SECOND
MGRM	_	Volunteer USA Foundation 516 N. Adams St. Tallahassee, FL 32301
	-	
	-	,
(Use attachment if	necessary)	
LE V: Effective da		ate of filing: (OPTION.
fective date is listed days after the date	e of filing.) NATURE:	specific and cannot be more than five business da
ffective date is listed days after the date REQUIRED SIGN S	NATURE: ignature of a member of a accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury
fective date is listed days after the date REQUIRED SIGNS	ignature of a member of this document constitute that the facts stated herei	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.) Deming Cowles
ffective date is listed days after the date REQUIRED SIGN S	ignature of a member of this document constitute that the facts stated herei	on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury in are true.)