

LD9000058311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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G. MCLEOD

JUN 16 2009

EXAMINER



000150273520

VOID

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04/16/09--01011--022 **35.00

05/07/09--01004--004 **37.50

04/16/09--01011--023 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 12 AM 11:56



VOID

June 11, 2009

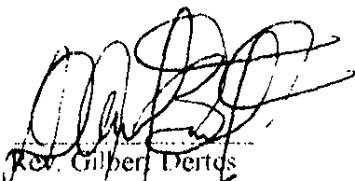
Gina McLeod
Regulatory Specialist II
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

VOID

Dear Gina,

This is a request, I Gilbert Dertes, the president of Bethany Educational Center. I will not revoked the corporation of Bethany Educational Center, LLC. Document number is L06000052210. Please make a note and update my file accordingly. I am changing the corporation from profit to non profit, and I will not change the status again.

If you have any questions or concerns please do not hesitate to give me a call at 407-470-3825


Rev. Gilbert Dertes
BEC - President

VOID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VOID

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bethany Educational Center, 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:

Mailing Address:

6229 Winegard Rd
Orlando, FL 32809

Bethany Educational Center, LLC
6229 Winegard Rd
Orlando, FL 32809

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:

Gilbert Dertes
Name

4663 Caverns Drive
Florida street address (P.O. Box NOT acceptable)

Kissimmee, FL 34758
City, State and Zip

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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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

MGRM

MGRM

VOID

Gilbert Dertes
4663 Caverns Dr
Kissimmee, FL 34758

Lorphone Dertes
4663 Caverns Dr
Kissimmee, FL 34758

VOID

Carol Toussaint
3509 Orange Blossom Trl
Orlando, FL 32839

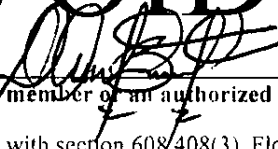
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

REQUIRED SIGNATURE:

VOID


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.)

Gilbert Dertes
Typed or printed name of signee

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)