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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	f)
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SECRETARY OF STATE
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то:	Registration Division of C			
SUBJ	ЕСТ:	Leaps & Boun	ds Elevated Learning, LLC	
		Name of Limit	ed Liability Company	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	spondence concerning this matt	er to the following:	
		Ja	nna Thomsen Name of Person	
			Name of Person	
		Leaps & Boun	ds Elevated Learning, LLC	
			Firm/Company	
		8348	72nd Street East	
			Address	
		Brad	enton, FL 34201	
		Cit	y/State and Zip Code	
		janna E-mail address: (to be used t	thomsen@aol.com or future annual report notification)	
For fu	rther information	n concerning this matter, please	call:	
	Jo	y Thomas	at (973) 694-1403	
	Nam	e of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check	for the following amount:		
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Cartified Copy (additional copy is enclosed)	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	Loope & Boundo El	oveted Learning LLC	
	Must end with the words "Limited	evated Learning, LLC Liability Company," "L.L.C.," or "L	LC.")
ARTICLE II - A		the principal office of the Lir	nited Liability Company is:
Principal Office	Address:	Mailing Address:	
Janna Thomsen		8348 72nd Street E Bradenton, FL 3420	
business entity with a	n active Florida registration.) e Florida street address of	Registered Agent. You must designate the registered agent are: a Thomsen	L-8 PH
······································		Name	STATI LOR
	8348 72	nd Street East	
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	_
	Bradenton, FL 342	201 _{FL}	_
	City, S	tate, and Zip	
liability com registered agent statutes relatin	oany at the place designate and agree to act in this ca g to the proper and compl	nd to accept service of processed in this certificate, I hereby in pacity. I further agree to content the performance of my duties, is registered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Manage (MGRM) = Mana		Name and Address:			
Janna Thomsen		8348 72nd Street East Bradenton, FL 34201			
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(Use attachment is	• •		(O.D.T.)		
CLE V: Effective d effective date is list 00 days after the dat	ed, the date must be	date of filing:specific and cannot be more than five I	. (OPTIO) business o	NAL) lays p	ri
REQUIRED SIG	_ () non	or an authorized representative of a membe	<u> </u>		
	(In accordance with sect of this document constitute that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjuein are true.)	SECF TALL/	lr 60	ć
	Total	Janna Thomsen	AHAS	- T	•
Filing Fees:	Тур	ped or printed name of signee	ECRETARY OF LLAHASSEE	- CO	
\$125.00 Filing Fo	ee for Articles of Organ	insting and Designation	-77	<u> </u>	
	stered Agent d Copy (Optional)	nzation and Designation	STATE	PM 12: 04	