

W09000074153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W090000633707

Office Use Only



500158727035

07/22/09--01007--012 **125.00

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09 AUG -3 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 03 2009

EXAMINER

EFFECTIVE DATE 8/07/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEACHERS CONCEPT LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHEL MOMPOINT
Name of Person

TEACHERS CONCEPT LLC
Firm/Company

140 SW 96 Ter # 303
Address

Plantation FL 33324
City/State and Zip Code

michelmompont@omcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kettlen Mompont at (954) 533-1106
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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)

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

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09 AUG - 3 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2009

MICHAEL MOMPOINT
140 SW 96 TER #303
PLANTATION, FL 33324

SUBJECT: TEACHERS CONCEPT LLC
Ref. Number: W09000033707

We have received your document for TEACHERS CONCEPT LLC and your check(s) totaling \$125.00. 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 July 22, 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: 209A00025350

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Teachers Concept 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:

140 SW 96 ter. # 303

Plantation

FL 33324

Mailing Address:

140 SW 96 ter. # 303

Plantation

FL 33324

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:

Michel Mompont

Name

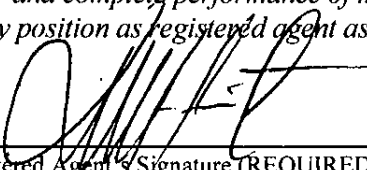
140 SW 96 ter # 303

Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324MC FL

City, State, and Zip

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)

EFFECTIVE DATE 8/07/09

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michel Mompoint

140 SW 96 Ter # 303

Plantation FL 33324

MGR

Kettlen Mompoint

140 SW 96 Ter #303

Plantation FL 33324

MGR

Pierre R David

1855 NW 107th AVE

Plantation FL 33322

MGR

Lunise Toussaint-David

1855 NW 107 th AVE

Plantation FL 33322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08-07-2009 (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:



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.)

Michel Mompoint

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA