

10900074983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

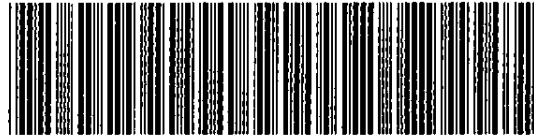
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300158674243

07/27/09--01050--007 **125.00

08/05/09--01010--020 **30.00

FILED
09 AUG -4 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 28 2009

EXAMINER

109-34344



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

TRACY L MULLIGAN
1121 CHARMING STREET
MAITLAND, FL 32751

SUBJECT: STUDY BUDDIES, LLC
Ref. Number: W09000034344

We have received your document for STUDY BUDDIES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00025882

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Study Buddies, 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:

Tracy L. Mulligan
Name of Person

Study Buddies, LLC
Firm/Company

1121 Charming Street
Address

Maitland, FL 32751
City/State and Zip Code

tmulligan@parkmaitland.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Mulligan at (**407**) **782-0720**
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



Tracy's Study Buddies, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED
09 July 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1121 Charming Street
Maitland, FL 32751

1121 Charming Street
Maitland, FL 32751

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:

Tracy L. Mulligan

Name

1121 Charming Street

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

Maitland, FL 32751

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.

Tracy L. Mulligan

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Tracy L. Mulligan

1121 Charming Street

Maitland, FL 32751

FILED
09 JUL 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 22, 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:

Tracy L. Mulligan

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.)

Tracy L. Mulligan

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)