

L09000076868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

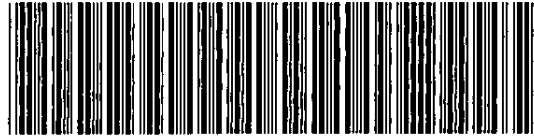
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/07/09--01003--022 **125.00

FILED

09 AUG -7 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 10 2009

EXAMINER

Thomas K. Mitchell Financial Services Corp.

59 Seacrest Drive

Ormond Beach, FL 32176

(386) 523-2188 Office

JULY 29, 2009

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

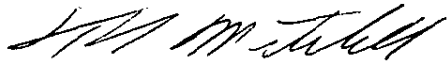
TALLAHASSEE, FL 32314

Reference: Application to form a Florida Limited Liability Co.

Dear Sir or Madam:

Enclosed, please find Articles of Organization for LEARN AND SHINE ACADEMY LLC, along with a copy and a check in the amount of \$125.00. Please process and return to Rozita Poposka at your earliest convenience.

Very truly yours,

A handwritten signature in black ink, appearing to read 'T. K. Mitchell', written in a cursive style.

Thomas K. Mitchell

attachments

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEARN AND SHINE ACADEMY 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:

ROZITA POPOSKA

Name of Person

Firm/Company

34 RYDER DRIVE

Address

PALM COAST, FL 32164

City/State and Zip Code

ROZITAPOPOSKI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS K. MITCHELL

Name of Person

at (**386**)

523-2188

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:

LEARN AND SHINE ACADEMY 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:

LEARN & SHINE ACADEMY LLC
34 RYDER DRIVE
PALM COAST, FL 32164

Mailing Address:

LEARN & SHINE ACADEMY LLC
34 RYDER DRIVE
PALM COAST, FL 32164

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:

ROZITA POPOSKA

Name

34 RYDER DRIVE

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

PALM COAST FL 32164

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)

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09 AUG - 7 AM 11:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

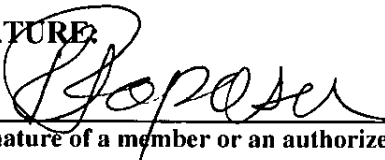
Name and Address:

<u>MGR</u>	<u>ROZITA POPOSKA</u> <u>34 RYDER DRIVE</u> <u>PALM COAST, FL 32164</u>
<u>MGRM</u>	<u>SPASIJA ILIESKA</u> <u>22 ROCKING LANE</u> <u>PALM COAST, FL 32164</u>
<u>MGRM</u>	<u>TIHOMIR POPOSKI</u> <u>34 RYDER DRIVE</u> <u>PALM COAST, FL 32164</u>
<u>MGRM</u>	<u>MADE ILIESKA</u> <u>22 ROCKING LANE</u> <u>PALM COAST, FL 32164</u>

(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:



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.)

ROZITA POPOSKA

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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