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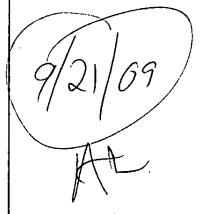
(Requestor's Name)
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DIVISION OF TONPUNATIONS
TACKAHASSEE, FLORIOA

09 SEP 21 PM 1: 29

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Thomas After S	chool Tutoring Cent	er, LLC.	
	Name of Limite	d Liability Company		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		e Mont-Rosier Thomas		
		Name of Person		
	Thomas After So	chool Tutoring Center, L	LC.	
		Firm/Company	TAL TAL	09
	1228	Cherokee Drive	LAH	SEA
		Address	ASS	21
	Tallahas	see, Florida 32301	m _C	유
	·	/State and Zip Code	SIA FLORE	= (
		chool Tutoring Center, I or future annual report notification) 01"	29
For further information	n concerning this matter, please	call:	′ >>	
	Mont-Rosier Thomas e of Person	at (850) Area Code & Daytime T	345-9265 elephone 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 For Certificate of State Certified Copy (additional copy is er	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:		
Thomas After School T (Must end with the words "Limited Lia	utoring Center, LLC. ability 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:		
1228 Cherokee Drive Tallahassee, Florida 32301	1228 Cherokee Drive Tallahassee, Florida 32301		
(The Limited Liability Company cannot serve as its own Republishess entity with an active Florida registration.) The name and the Florida street address of the	ont-Rosier Thomas		
1228 Cher	rokee Drive		
Florida street address (P.O. Box NOT acceptable)			
Tallahassee, FL, 3230	01 _{FL}		
City, State	a, and Zip		
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S		

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
Tammy Crumel (MGR)	890 Hill Roost Rd Tallahassee, FL 32312				
Kenol Saint Fort (MGRM)	1253 Winifred Dr ATT 22 Tallahassee, FL 32308				
Horatio Watkins (MGRM)	1024 Corby Ct Tallahassee, FL 32317				
Pierre R. Riviere (MGRM)	2104 NE 64th Street Fort Lauderdale, Fl 33308				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than 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.)					
	De Mont-Rosier Thomas				
Typed Filing Fees:	or printed name of signee				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)