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EXAMINER



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COVER LETTER

TO:	Registration Division of 0	n Section Corporations			
SUBJI	₽ Ċ T•	Hamilton and Harri	is Ed	ucational Cons	ultina Group
30131	<u> </u>	Name of Limit			<u> </u>
The en	closed Articles	of Organization and fee(s) are	submitt	ted for filing.	
Please	return all corre	spondence concerning this mate	ter to th	e following:	
		Dr. N		la Hamilton	
			Name	of Person	
		Hamilton and Harris E	ducat	ional Consulting (Group, LLC
				Company	
		າຄາ	2 0-4	ella Place	
		202		dress	
				orgia 30331	
				and Zip Code	
-		mhamilton@hai E-mail address: (to be used f	milton or future	andharrislearning	i.com
Ea- 6.	1h in C	•			•,
roitui	mei miormano	n concerning this matter, please	caii:		
	Dr. Me	linda Hamilton	at (954	608-6687
	Nam	e of Person	(954) Area Code & Daytime 7	Celephone Number
Enclos	ed is a check	for the following amount:			
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fee & rtified Copy ditional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address		Street/Courier Addre	<u>ess</u>
		Registration Section Division of Corporations		Registration Section Division of Corporati	ons
		P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center	
		1 ananassoo, 1 L 34314		ZOOT EXECUTIVE CELL	A CHOIC

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	-				
The name of the Limited Liability Company	' 1S:				
•					
Lawitten and Hamis Educa	tional Consulting Cross	m 11 C			
Hamilton and Harris Educa					
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC	<i>,</i> ,)			
ARTICLE II - Address:					
The mailing address and street address of the	e principal office of the Limi	ted Liability Corma	nv is:		
The maining address with sweet address of Ma	by b	iod Diability Goligia	uj io.		
Principal Office Address:	Mailing Address:				
	 				
2622 Ozella Place	same				
Atlanta, Georgia 33031					
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate a	gent's Signatures an individual or another B	T		
Barbar	, , , , , , , , , , , , , , , , , , ,	-			
Na	<u>유</u>	-			
8006 N. Sa	vannah Circle	Section 1			
Florida street address (P					
Davie, Fl 33328	FL				
City, State	e, and Zip				
Having been named as registered agent and	to accept service of process fo	or the above stated lin	nited		

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)

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Manager	Melinda Hami <u>lton</u>	F
	2622 Ozella Place	
	Atlanta, Ga 30331	
Managing Member	Sheddrick Harris	AR) AR)
	2622 Ozella Place	m _o -
	Atlanta, Ga 30331	
	, , , , , , , , , , , , , , , , , , ,	ORIG
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(Use attachment if necessary)		-
LE V: Effective date, if other than	the date of filing:	
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than	i five business da
LE V: Effective date, if other than of fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a men	t be specific and cannot be more than	five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with	nber or an authorized representative of a n	n five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a men (In accordance with	nber or an authorized representative of a na section 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of herein are true.)	n five business da

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)