## L10000020295

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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**EXAMINER** 

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## **COVER LETTER**

Registration Section

TO:

Division of	Corporations		
SUBJECT:	Much Su	ccess Tutoring Services	
		ited Liability Company	
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
<del> </del>		Nikesha Griffin	<del></del>
		Name of Person	
	Much	Success Tutoring	<del>.</del>
		Firm/Company	
	17907	Zeast Warren Ave.	_
		Address	
	Detro	oit, Michigan 48224	
	Ci	ity/State and Zip Code	_
<del></del>	muchsu	ccess@netscape.com for future annual report notification)	<del></del>
For further information	on concerning this matter, pleas	•	
	kesha Griffin	_at (313)882-3632 🔂 🕡 🗻	
Nar	ne of Person	Area Code & Daytime Telephone Number	~77
Enclosed is a check	for the following amount:	HAS	$\frac{1}{3}$
]\$125.00 Filing Fee	e \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy (additional copy is enclosed)    \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is prelosed)	THE CO
	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 Comp	pany is:
Much Succe (Must end with the words "Limi	ess Tutoring LLC ted Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17907 E. Warren Detroit, Michigan 48224	17907 E. Warren Detroit, Michigan 48224
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another  of the registered agent are:
	Name
14272 Cheval	Danforth Court Apt. 105 ess (P.O. Box NOT acceptable)
Florida street addre	ess (P.O. Box NOT acceptable)
Orlando, FL 32	* <del>* • • • • • • • • • • • • • • • • • •</del>
City	, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and comp	and to accept service of process for the above afted imited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and 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 "MGRM" = Managing Mem	Name and Address:
MGR	Nikesha Griffin 17907 E. Warren Det MI Gregory Hattaway 17907 E. Warren Det MI
MGRM .	Martha Hattaway 17907 E. Warren Det MI Aisha Carpenter 14272 Cheval Danforth Ca
(Use attachment if necessary	)
CLE V: Effective date, if other effective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE	than the date of filing: (OPTIONAL emust be specific and cannot be more than five business days):
CLE V: Effective date, if other effective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of (In accordance of this document of the facts)	than the date of filing:  e must be specific and cannot be more than five business days  it is a member or an authorized representative of a member.  The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury is stated herein are true.)
CLE V: Effective date, if other effective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE  Signature of (In accordance of this document of the facts)	than the date of filing:  e must be specific and cannot be more than five business days  it is a member or an authorized representative of a member.  The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury is stated herein are true.)

. . . .

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