

L1D0000020372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies /

Certificates of Status

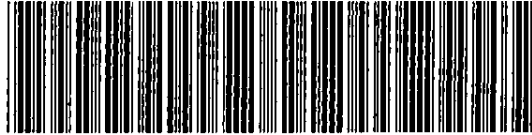
Special Instructions to Filing Officer:

L. SELLERS

FEB 23 2010

EXAMINER

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10 FEB 22 PM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Education, 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:

Erika Robinson

Name of Person

A+ Education, LLC

Firm/Company

780 Fisherman St., Suite 300

Address

Miami, FL 33054

City/State and Zip Code

erobinson@divinesports.com

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

For further information concerning this matter, please call:

Erika Robinson

Name of Person

at 786 , 258-1532

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

February 18, 2009

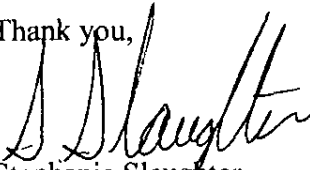
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Dissolution of A+ Education

This letter is to confirm the dissolution of the A+ Education as a non-profit organization and we do not have any plans on revoking the dissolution of the non-profit.

If you need additional information, I can be reached at 786-258-1532

Thank you,



Stephanie Slaughter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A+ Education 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:

780 Fisherman St., Suite 300
Miami, FL 33054

Mailing Address:

780 Fisherman St., Suite 300
Miami, FL 33054

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:

Erika Robinson

E.R.

Name

5771 NW 191 Ter

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

Miami FL 33015

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)

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

MGRM

Name and Address:

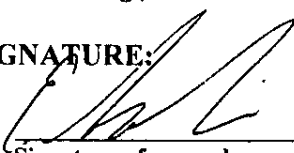
Erika Robinson
5771 NW 191 Ter.
Miami, FL 33015

(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.)

Erika Robinson

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA