

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BUTZEL LONG
Account Number : 105147001567
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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G. MCLEOD

MAR 21 2010

EXAMINER

BUTZEL LONG
ATTORNEYS AND COUNSELORS



Stoneridge West
41000 Woodward Avenue
Bloomfield Hills, MI 48304-2949
(248) 258-1616

Fax: (248) 258-1439

Fax Cover Sheet

Please deliver the following pages to:

Name: Florida Dept of State

Firm: _____

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Fax Number: 850-617-6383

File Reference: 139570-01

From:

Name: Peggy Murray

Date: 3/19/10 Time: _____

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Contact Phone No (248)258-2608

Message: See attached.

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Number of Pages (including this cover page) 5

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Office Services: (248) 258-4495

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P.A.L.S. PRESCHOOL, L.L.C.

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:

Peggy Murray

Name of Person

Butzel Long

Firm/Company

Stoneridge West, 41000 Woodward Avenue

Address

Bloomfield Hills, MI 48304

City/State and Zip Code

murrayp@butzel.com

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

For further information concerning this matter, please call:

Peggy Murray

Name of Person

at (**248**)

258-2608

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

03/16/2010 13:42 5616596530

CLONINGER&ASSOC. INC.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.A.L.S. PRESCHOOL, L.L.C.

(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:

257 Sandpiper Drive
Palm Beach, FL 33480

Mailing Address:

257 Sandpiper Drive
Palm Beach, FL 33480

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:

Sheryl J. Rosin
Name

257 Sandpiper Drive

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

Palm Beach FL 33480

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.

Sheryl J. Rosin
Registered Agent's Signature (REQUIRED)

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GLDINGER&ASSOC. INC.

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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:

MGRM

Sheryl Rosin

257 Sandpiper Drive

Palm Beach, FL 33480

(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.)

Sheryl J. Rosin
Typed or printed name of signer

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)