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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| A. LUNT |
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| MAY 28 2010 |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: BZILLANT MINDS ARTS & LEARNING (ENTER, LLO 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: |
| Brilliant Mines States & CEARWING CENTER &C |
| 3938 MAGELLAN TRAIL |
| Address TAPANASSEE, FL 32303 City/State and Zip Code brilliantmindsalc@yahoo.com E-mail address: (to be used for future annual report notification) |
| brilliantmindsalc@yahoo.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DIDWNE L. MEYERS at (850) 701-1828 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|--|
| BRILIANT MIN'S AITS & LEARNER CENTER UC (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: 3938 MAGELAN TRAI TALLAHASSEC, FL 32303 TALLAHASSEC, FL 32303 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (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: D.ONNE L. MCYGIS TOTAL Name SAR MAGENAN TOTAL Florida street address (P.O. Box NOT acceptable) TANAMASSEL FL 32303 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 positional registered agent as provided for in Chapter 608, F.S Registered Agent's Sgnaure (REQUIRED) (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:

| "MGRM" = Managing Member MGRM MGRM 3735 H TATIAHASS | MEUGIS AGELAN TRAIL EC, FL ROBER |
|---|--|
| 3935 H TATANASS | MEYELS AGELAN TRAIL EC, FL ROBES |
| | ec, FC 32363 |
| ULZ. | |
| | L. Meyeils |
| 3938 N | IRCHIANTRAIL |
| MGRM ANALYM | L. Meyel |
| 415 816 | 18h Circles |
| Walk | MJ, FL 323330 1 |
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| | B |
| (Use attachment if necessary) | 1.2010 (OPTIONAL) |

ARTICLE V: Effective date, if other than the date of filing: July 1, 2010. (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

ignature 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.)

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)