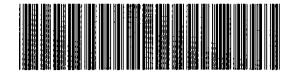
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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J. BRYAN

JUN - 2 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·	
SUBJECT: Cycle o	f Success Institute of Fl		
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Stewart Dona	aldson		
		Name of Person	TO JUN - 1 PM 3: 59 SECRETARY OF STATE TALL All ASSES. FLORES
Cycle of Suc	cess Institute of Florida Ll		
		Firm/Company	Ang -
· 2021 NIM 53r	rd St. Suite 1E		# ?
2021 1444 331	d St. Ouite 12	Address	
			5 5
Fort Lauderd	ale, FL 33309		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
	Cit	y/State and Zip Code	
boatpdler@a			
,	E-mail address: (to be used t	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Stewart Donaldsor	1	at (954) 684-0283	
Name	of Person	Area Code & Daytime Telephone Nu	mber ·
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, icate of Status & ied Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICELES OF ORIGINAL MEDITION OF OTHER	
ARTICLE 1 - Name:	Fig. 5
The name of the Limited Liability Company is:	
	33 7
Cycle of Success Institute of Florida LLC	Company # I C "a-#I C"
(Must end with the words "Limited Liabili	
	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2021 NW 53rd St. Suite 1E	PO Box 2530
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Stewart Donaldson	·
Name	
1208 Tangelo Isle	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33315
City, Sta	te, and Zip
m	and a service of muccose for the above stated limited

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)

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Memb	Name and Address: er	WE THREE
MGRM	Stewart Donaldson	m sh
	PO Box 2530	0=1
	Fort Lauderdale, FL 33303	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MGRM	John Mautner	
•	213 N. Morgan #3-G	
	Chicago, III 60607	
		
(Use attachment if necessary) LE V: Effective date, if other	than the date of filing:	(OPTION
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing:	(OPTION
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than f	five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of (In accordance of this document that the facts)	must be specific and cannot be more than for a member or an authorized representative of a meet with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of postated herein are true.)	Tive business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of (In accordance of this documents)	must be specific and cannot be more than for a member or an authorized representative of a meet with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of postated herein are true.)	Tive business d
EV: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of (In accordance of this document that the facts)	must be specific and cannot be more than for a member or an authorized representative of a meet with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of postated herein are true.)	Tive business d

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