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SECRETARY OF STATE
VALLAHASSEF, FLOOR

D. BRUCE

FEB 2 1 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Con	porations			
SUBJECT: 5M	ART APPLE T (Name of Limited L:	UTOR LLC iability Company)		
The enclosed Articles of	Organization and fee(s) are subm	sitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
_ Sami	e Margaret	Smith ne of Person)		
<u>Sm A</u>	2T APPLE TUT	NCOmpany)		_
4317	Fort Caroline	Road Salkson Address)	willo FC 322	<u> 27</u>
Jackson	ville FC 32	277		4 ·
	(City/Sta	te and Zip Code)	Provide	
For further information c	oncerning this matter, please call	:	SECRE	11 FE
Jamie M (Name	Shith at of Person)	(<u>904</u>) <u>318 –</u> (Area Code & Daytime Tele	S834 SSR ephone Number) HOP	
Enclosed is a check for	r the following amount:		STAT	
□ \$125.00 Filing Fee	Certificate of Status C	□ \$155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filing F Certificate of Status & Certified Copy (additional copy is enclose	દ
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMART APPLE TUTOR LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Principal C	Office Address:
8317	Fort Caroline Road
Jacks	onville RC 37277

8317 Fort Caro The Road Jack Snorte PC 32277

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:

Samile Margaret Smith
Name

83/7 Fort Caroline Road

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

Sa (Usan Ville FL 32277

City, State, and Zip

TALL AND LIST SECRETARY OF STATE ANASSEE, FLORIDA

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)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	(D) BRE (BB) DO 9
MGR		Samue Marg 8317 Fart C Sarusanville 1	area Smith arothe Road 2C 32277
	· · · · · · · · · · · · · · · · · · ·	··	
(Use attachmen	at if necessary)		
effective date is oor 90 days afte	e date, if other than the listed, the date muser the date of filing.)	e date of filing: st be specific and cannot b	(OPTIONA e more than five busine
LE V: Effective	e date, if other than the listed, the date muster the date of filing.) IGNATURE:	e date of filing: St be specific and cannot be Magneter or an authorized representate	e more than five busine

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)