11/0000 25588

	(Requestor's Name)
<u></u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAR -1 2010

EXAMINER

Office Use Only



000192941490

03/02/11--01001--007 **155.00

DEFACEMENT OF STATE INVISION OF CORPORATION

RECEIVED

11 MAR -1 PM 3: 13

TIMAR-I M 3-24

COVER LETTER

Division of Corporations
SUBJECT: SRG CONSULTING - Po Christian School Name of Limited Liability Company Development, UC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Soffa R. Gattin
SRG Consulting of Christian School Development
1021 Idlewild Dr. # 0-157
Tallahassel, Florida 32311 505
SRG Consulting @amail. com 章 章 TI E-mail address: (to be used for fulure annual report notification)
For further information concerning this matter, please call:
SOFFICIAL at (850) 345-895 25 Area Code & Daytime Telephone Number 577
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status \$\times 250.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OMust end with the words Limited Liabs	Of Christian School Developed ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1021 Idlewild Dr. #0-157 Tallounassee, FL 32311	P.O. Box 12694 Tallabassel, FL 32317
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	
The name and the Florida street address of the Sofia R. Que Name	tlin 58 & m
1021 Idle WILD	Dr.#-U-15.1
<u>Tallanassee</u>	, FL 32311
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the Sofia R. Quench Name Oal dlewid Florida street ad Tallahassee	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual for an error registered agent are:

, C .

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" = Manager "MGRM" = Managing Member	Name and Address:
MGRM - Managing Member	Sofia R. Gattin 1021 Idlewild Dr. #0-157 Tallahassee, FL 32311
	ELAHASSE ASSE
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
CLE V: Effective date, if other than ffective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION t be specific and cannot be more than five business date of the date of filing:

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)

constitutes a third degree follows as provided for in s.817.155, F.S.)

(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. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee