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# **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: JEANNIS PRESCHOOL AND SCHOOL AGE CENTER, LLC

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:

<b>GEORGE TRNEN BUSH</b>	CPA	
	Name of Person	
GEORGE TRENEN BUSH	H CPÁ & CO., P. A.	
	Firm/Company	20
205 AVENUE K SE		ZOLI MAR
	Address	10 E
WINTER HAVEN, FL 33880		(Let 10 )
City	y/State and Zip Code	
CORI_GTBCPA@YAHOO.COM	1	## # **
E-mail address: (to be used f	or future annual report notification)	77-
GEORGE TRENEN BUSH CPA  Name of Person	at ( 863 ) 401-8866 Area Code & Daytime Telep	hone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{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 Ci Tallahassee, FL 32301	rcłe

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# JEANNIS PRESCHOOL AND SCHOOL AGE CENTER, LLC

(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:	Mailing Address:
905 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880	16132 PALMETTO HILL ST. CLERMONT, FL 34714
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:  JSH CPA
GEORGE TRENEN BU	JSH CPA
Name	
205 AVENUE K S	SE Z Z
Florida street add	ress (P.O. Box NOT acceptable)
WINTER HAVEN,	FI 33880
City, Sta	ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance 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)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'MGRM" = Managing Memb	761
<u>MGRM</u>	JANETTE PRICE
	16132 PALMETTO HILL ST.
	CLERMONT, FL 34714
MGR	CHRISTOPHER B. PRICE
	16132 PALMETTO HILL ST.
	CLERMONT, FL 34714
	CLERMONT, FL 34714
	71, 7
	- <del> </del>
•	
Use attachment if necessary)	)
• ,	
EV: Effective date, if other	than the date of filing: (OPTIO
	must be specific and cannot be more than five business
ays after the date of filing.)	
PATTOED CLONATION.	
EQUIRED SIGNATURE	1 // .

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

George Trenen Bush
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)