

L 1100007 4176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

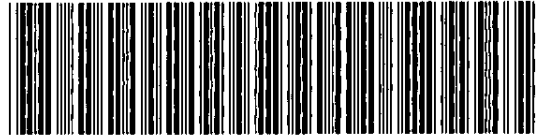
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B. KOHR

JUN 27 2011

EXAMINER



300209171563

06/23/11--01008--009 **155.00

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11 JUN 23 AM 10:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LEARNING CENTER LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☒ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2011

LAZARUS

TALLAHASSEE, FL

SUBJECT: LEARNING CENTER LLC
Ref. Number: W11000033905

We have received your document for LEARNING CENTER LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is A+ LEARNING CENTER, INC. -- Document Number P99000003193.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 111A00015266

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11 JUN 28 AM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

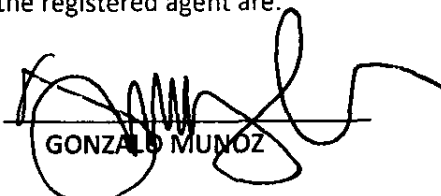
The name of the Limited Liability Company is: TANGERINE LEARNING CENTER LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
2000 TOWERSIDE TERRACE # 1607 MIAMI SHORES, FL 33138

ARTICLE III- Registered Agent, Register Office, & Registered agent's Signature:

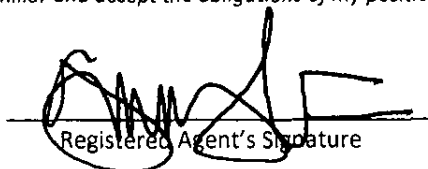
The Name and the Florida street address of the registered agent are:


GONZALO MUNOZ

2000 TOWERSIDE TERRACE # 1607
Florida Street address (PO Box NOT acceptable)

MIAMI, FLORIDA 33138
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 register 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 and accept the obligations of my positions as registered agents as provided for in chapter 608, F.S.

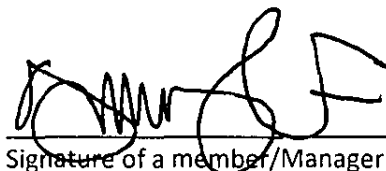

Registered Agent's Signature

ARTICLE IV- Management (Check box If Applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

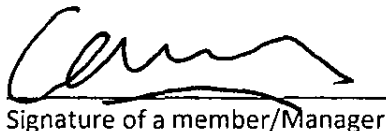
(An additional article must be added if an effective date is requested)

(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)


Signature of a member/Manager

GONZALO MUNOZ

Typed or printed name of signee


Signature of a member/Manager

MARIE-JOSEE TAPIA

Typed or printed name of signee

Signature of a member/Manager

Typed or printed name of signee

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