

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561) 713-2095
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jonathanmodica@gmail.com

FLORIDA LIMITED LIABILITY CO.
Nutmeg Education, LLC

Certificate of Status	0
Certified Copy	0
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JUL -8 2011

EXAMINER
7/7/2011

Jeck, Harris, Raynor & Jones, P.A.

790 Juno Ocean Walk, Suite 600

Juno Beach, FL 33408

Phone: (561) 746-1002

Fax: (561) 747-4113

Facsimile Transmittal

To: <1-850-617-6383>

Fax: 1-850-617-6383

From: Lewanna Farrell

Date: 7/7/2011 11:42:23 AM

Re: Nutmeg Education, LLC

Pages: 4

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

COMMENTS:

Articles attached for filing.

IF YOU DO NOT RECEIVE ANY OR ALL OF THESE PAGES, PLEASE CONTACT Lewanna Farrell
AT (561) 746-1002 AS SOON AS POSSIBLE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nutmeg Education, 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:

454 S. Beach Road
Hobe Sound, FL 33455

Mailing Address:

454 S. Beach Road
Hobe Sound, FL 33455

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:

Louis Jonathan Modica

Name

454 S. Beach Road

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

Hobe Sound FL 33455

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Louis Jonathan Modica

454 S. Beach Road

Hobe Sound, FL 33465

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 607.408(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.)

Louis Jonathan Modica

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 10.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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