L11600079955

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to riving Officer.			

Office Use Only



900209663069

07/11/11--01017--025 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUL 12 2011

EXAMINER

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	BRIDGES TO CEARNING LLC. Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	ELIZABETH C. WOODY Name of Person
	Firm/Company
	306 29 TH STREET
	ERO BEACH, FL 32960 City/State and Zip Code
	DUNCANHILL Z @ Aol. Com E-mail address: (to be used for future angulal report patification)
For further	information concerning this matter, please call:
<u>Liz</u>	information concerning this matter, please call: Wooddy
Enclosed is	s a check for the following amount: ing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status} \text{ S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Division of Corporation 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:

BRIDGES TO CEARNING UC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

TICLE III - Registered Agent, Limited Liability Company cannot serve as		gistered Agent's Signature:
	its own Registered Agent. You m	ust designate an individual or another
ness entity with an active Florida registration	on.)	291 7ALL
name and the Florida street addr	ess of the registered agent	t are:
CHIP U	WOODY	ASS
	Name	m <
1306 29	TH STREET	F ST
	rida street address (P.O. Box N	OT acceptable)

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>mgr</u>	Elizabeth C. Woody 1306 29 TH STREET Vero Beach, Fl. 32960
<u>mgrm</u>	LOGAN S. WOODY 1306 Z9TH STRUET VELD BEACH, FC. 32960
mgrn	MASON C. WOODY 1306 29 TH STREET WO BEACH, FC. 32960
(Use attachment if necessary)	
TICLE V: Effective date, if other than	the date of filing: 5, 20// (OPTIO

REQUIRED SIGNATURE:

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

(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.)

ELIZABETH C, WOODY
Typed or printed name of signer

STATE

prior

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)