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AUG 28 2011

EXAMINER



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08/22/11--**01025**--005 **130.00



COVER LETTER

TO:

Registration Section
Division of Corporations

	•		
_{SUBJECT:} Nat	onal Charter Schoo	l Managers	
	Name of Limite	d Liability Company	92
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	11 NI 6 22 M S
Please return all cor	respondence concerning this matter	er to the following:	ho -
Graylyr	Swilley-Woods		3
		Name of Person	ŗ
Nationa	al Charter School M	anagers	
		Firm/Company	
951 Bri	ckell Ave. Suite 251	1	
		Address	
<u>Miami,Fl</u>	orida 33131		
m	·	/State and Zip Code	
swilleywo	oods@msn.com E-mail address: (to be used for	or future annual report notification)	
For further informati	on concerning this matter, please	call:	
Graylyn Swille	y-Woods	at (305-) 431-5119	
Na	me of Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Charter School Managers, 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:
951 Brickell Ave Suite 2511	951 Brickell Ave Suite 2511
Miami, Florida 33131	Miami, Florida 33131

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:

Gregory	VVoods
	Name
951 Br	rickell Ave Suite 2511
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33131
	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 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:

resident/MGR	Graylyn Swilley-Woods
	951 Brickell Ave Suite 2511
	Miami, Florida 33131
Use attachment if necessary)	
EV: Effective date if other	than the date of filing: (OPTION
ective date is listed, the date	must be specific and cannot be more than five business da
lays after the date of filing.)	

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.)

Graylyn Swilley-Woods 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)