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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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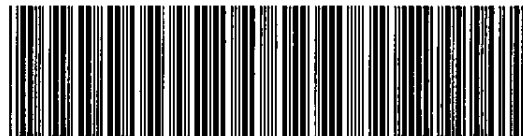
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 AUG 29 AM 8:27

88-504-110

T. HAMPTON

AUG 30 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rebecca Leone Education Conspiracy, 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:

Watson R. Sinden, Esquire  
Name of Person

WSINDEN@AOL.COM  
Firm/Company

3637 4th Street No, # 395  
Address

St Pete, FL 33704  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Watson Sinden at ( 727 ) 895.1266  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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11 AUG 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 2, 2011

WATSON R SINDIN, ESQ  
3637 4RH ST NO  
# 395  
ST PETERSBURG, FL 33704

SUBJECT: REBECCA LEONE EDUCATION CONSPIRACY, LLC  
Ref. Number: W11000040528

We have received your document for REBECCA LEONE EDUCATION CONSPIRACY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00018213

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DIVISION OF CORPORATIONS  
11 AUG 29 AM 8:28

**ARTICLES OF ORGANIZATION FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. NAME:**

The name of the Limited Liability Company is:

***REBECCA LEONE EDUCATION CONSPIRACY, LLC***

**ARTICLE II. ADDRESS:**

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

***Post Office Box 46466, Pass-a-Grille, Florida 33706***

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

***3637 Fourth Street North, Suite 395, St. Petersburg, Florida 33704***

**ARTICLE III. PURPOSE:**

The purpose of this Limited Liability Company is:

***To engage in the business of tutoring and education and any other activity or business permitted under the laws of the United States and the State of Florida.***

**ARTICLE IV. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:**

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

***Watson R. Sinden, Esquire  
3637 Fourth Street North, Suite 395  
St. Petersburg, Florida 33704***

***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

**ARTICLE V. MANAGER(S) OR MANAGING MEMBER(S):**

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

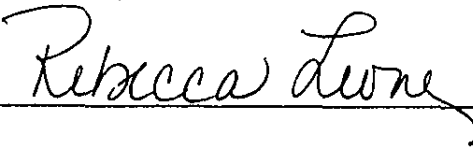
**Rebecca Leone, Manager  
Post Office Box 46466  
Pass-a-Grille, Florida 33706**

**ARTICLE VI. EFFECTIVE DATE:**

The effective date of this Limited Liability Company is:

***The date of filing.***

*(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.)*



Rebecca Leone, Manager

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