

L11000114155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

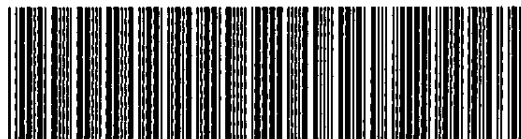
Special Instructions to Filing Officer:

A. LUNT

OCT - 5 2011

EXAMINER

Office Use Only



500212573605

10/03/11--01010--025 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT - 3 PM 4:01

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montessori Academy of Trinity, 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:

Amy N. Vincent
Name of Person

Montessori Academy of Trinity, LLC
Firm/Company

1324 Seven Springs Blvd. #329
Address

New Port Richey, FL 34655
City/State and Zip Code

montessoriacademyoftrinity@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Vincent at (443) 306-3988
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

2011 OCT - 9 PM 4: 33
9th FLOOR OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Montessori Academy of Trinity, 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:

Montessori Academy of Trinity, LLC
1324 Seren Springs Blvd. #329
New Port Richey, FL 34655

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:

Amy W. Vincent
Name

3172 St Martin Street
Florida street address (P.O. Box **NOT** acceptable)

Tarpon Springs, FL 34688
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.

Amy W. Vincent
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 OCT -9 PM 4:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGR

Amy N. Vincent
3172 ST Martin Street
Carpon Springs, FL 34688

MGRM

Kimberly Schwartz
5036 Herring Ct.
New Port Richey 34652

MGRM

Angelique Cace
2239 Grubbs Squirreler.
New Port Richey, FL 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/23/11. (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:

Amy N. Vincent
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.)

Amy N. Vincent
Typed or printed name of signer

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)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
OCT 3 2011

FILED