

#L11000/30011

(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:

Office Use Only



400214241854

EFFECTIVE DATE
11-14-2011

11/14/11--01036--009 **155.00

FILED
11 NOV 14 PM 5:17
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

NOV 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic Solutions Academy

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:

Andrew Kinlock

Name of Person

Academic Solutions Academy

Firm/Company

6 Country Lake Trail

Address

Boynton Beach, Florida 33436-6218

City/State and Zip Code

kinlock1@hotmail.com

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

For further information concerning this matter, please call:

Gerald J. Luongo

Name of Person

at (954) 295-6157

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
11-14-2011

Academic Solutions Academy, 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:

6 Country Lake Trail

Boynton Beach,

Florida, 33436-6218

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:

Gerald J. Luongo

Name

531 North Ocean Blvd. #1606

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

Pompano Beach

FL 33062

City, State, and Zip

FILED
11 NOV 14 PM 5:17
CLERK OF DISTRICT COURT
NORTH BEACH, FL 33564

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Meera Patel

6030 SOUTH MILITARY TRAIL
LAKE WORTH, FL. 33463

MGRM

Rachel Amburgey

1605 RENAISSANCE WAY BLVD. #423
BOYNTON BEACH, FL. 33426

MGRM

Ellen Grucisen

2400 NE 16TH ST., #206
POMPANO BEACH, FL. 33062

MGRM

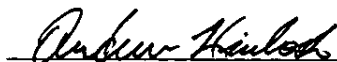
Andrew Kinlock

6 COUNTY LAKE TRAIL
BOYNTON BEACH, FL. 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-¹⁴~~13~~-2011. (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 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.)

Andrew Kinlock, Secretary

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)