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Effective Date 11/12

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SECRETARY OF STATE



COVER LETTER

Registration Section
Division of Corporations

TO:

subject: Peace F	River Montessori Scho	pol, LLC.
		ited Liability Company
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.
	ondence concerning this mat	_
riease return an corresp	ondence concerning this man	mer to the following.
Jayme L. We	strom	
·		Name of Person
Peace River	Montessori School, L	LC.
		Firm/Company
1831 Par Pla	ace	
		Address
Sarasata El 1	24240	
Sarasota, FL	······································	ity/State and Zip Code
jaymeleann@	gmail.com	
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	se call:
Jayme Westrom		at (941) 726-4400
	of Person	Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

Effective Date 1/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Peace River Montessori School, 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: Assignment	ARTICLE I - Name: The name of the Limited Liability Company is:				
(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:	Peace River Montessori School, LLC.				
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 255 Tole do Blade Blvd. + 1831 Par Place North Port, FL 34240 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: Jayme L. Westrom Name		y Company, "L.L.C.," or "LLC.")			
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: Jayme L. Westrom Name		ncipal office of the Limited Liab	ility Co	mpaı	ny is:
Sarasota, FL 34289 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: Jayme L. Westrom	Principal Office Address:	Mailing Address:			
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Jayme L. Westrom Name 1831 Par Place Florida street address (P.O. Box NOT acceptable) Sarasota, FL34240 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)	(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individua			
Name 1831 Par Place Florida street address (P.O. Box NOT acceptable) Sarasota, FL 34240 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 Regestered Agent's Signature (REQUIRED)	The name and the Florida street address of the re	gistered agent are:			
Florida street address (P.O. Box NOT acceptable) Sarasota, FL 34240 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 The statutes are provided for in Chapter 608, F.S					
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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 Agriculture Agent's Signature (REQUIRED) Agriculture Agent's Signature (REQUIRED) Agriculture Agent's Signature (REQUIRED) Agriculture Agent's Signature (REQUIRED) Agriculture Agricultur	City, Stat	_^_FE			
HASSE V	liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	is certificate, I hereby accept the a I further agree to comply with th formance of my duties, and I am f	appoint e provi amiliar	ment sions with	as of all and
	(CONTINU		SECKETARY OF STATE		FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
113 (A) TSS (11 S (1 S	
"MGRM" = Managing Membe	r
N/-O	lauma Mastrom
MGR	Jayme Westrom 1831 Par Place
	Sarasota, FL 34240
(Use attachment if necessary)	
YII dave after the date at tillna i	
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
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REQUIRED SIGNATURE:	a 1 11) articon
REQUIRED SIGNATURE:	al L. Wistom member or an authorized representative of a member.
REQUIRED SIGNATURE: Marine Signature of a	nember or an authorized representative of a member.
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REQUIRED SIGNATURE: Signature of a (In accordance with secconstitutes an affirmation	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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