## L11000135641

	(Requesto	or's Name)	,
	(Address)		
	(Address)		
	(City/State	e/Zip/Phone	<b>#</b> )
PICK-UI		WAIT	MAIL
	(Business	s Entity Nam	е)
	(Docume	nt Number)	
Certified Copies		Certificates	of Status
		000	

Special Instructions to Filing Officer:

L. SELLERS

DEC = 1 2011

**EXAMINER** 

Office Use Only



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11/28/11--01004--020 \*\* **|36:00** 

INOV 29 PH SELT

## **COVER LETTER**

Division of Corporations							
SUBJECT: LITTLE ORANGE 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:							
Lucio CosTo Name of Person							
P: /0							
Firm/Company  418 HOM = GOVE BO							
Address							
418 HOME GROVE Dr.  Address  WINTER GARDEN SC 34787  City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (Zo1) 8897309  Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)							
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NUMBER	
The name of the Limited Liability Compar	ny is:
LITTLE ORANGE (Must end with the words "Limited	ACADEMY L.C. Liability Company, "L.U.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
418 HOME GROVE QU.	5AME
(The Limited Liability Company cannot serve as its own	stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

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

ARTICLE 1 - Name:

LUCIO COSTA
Name

418 HOTE GROVE Q.

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

WINTER GARDETEL 34787

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 Mana The name and address of each Manage	• • • • • • • • • • • • • • • • • • • •			
4	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGR	LUCIO COSTA 418 HOME GNOVE WINTER GARDEN P	O1.	_ <u>የ</u> ጉ	
				<del></del>	
(If an	(Use attachment if necessary)  CLE V: Effective date, if other than the deffective date is listed, the date must be do days after the date of filing.)				
	REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a memb	er.		
	constitutes an affirmation under t I am aware that any false informs constitutes a third degree felony	108(3), Florida Statutes, the execution of this of the penalties of perjury that the facts stated her tion submitted in a document to the Department as provided for in s.817.155, F.S.)  100572  ed or printed name of signee	rein are tr	ue.	
	Filing Fees:	or printed manie or orginal	TAE SE		
	\$125.00 Filing Fee for Articles of Organiof Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation	CRETARY ON	NOV 29 PI	

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