(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			
JAN <b>17</b> 2011			
EXAMINER			

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2011

MEGAN FALCONE 891 NATROMA AVE. SW PALM BAY, FL 32908

SUBJECT: SMART BRAIN L.L.C. Ref. Number: W11000063818

We have received your document for SMART BRAIN L.L.C. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L11000125499.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 611A00028636

# **COVER LETTER**

TO: Registration of	n Section Corporations		
SUBJECT: MJN	// Learning LLC		
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this matt	ter to the following:	
Megan	Falcone		
		Name of Person	
MJM Le	earning LLC		
,		Firm/Company	
891 Na	troma Ave SW		
		Address	
Palm Ba	y, Florida 32908		
<u>, a ba</u>		y/State and Zip Code	<b>7017</b>
MJMLear	ning@hotmail.com		OIZ JAN 13
	E-mail address: (to be used to	for future annual report notification)	3
For further informati	ion concerning this matter, please	e call:	A I I
Megan Falcon	ie	at (321 ) 514-1743	
Na	me of Person	Area Code & Daytime Telep	
Enclosed is a chec	k for the following amount:		
	\$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 Tallabassee, El. 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MJM Learning 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: **Mailing Address: Principal Office Address:** 891 Natroma Ave SW 891 Natroma Ave Sw Palm Bay, Florida 32908 Palm Bay, Florida 32908 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: James Falcone Name 891 Natroma Ave SW Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Palm Bay

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Megan Falcone 891 Natroma Ave SW Palm Bay, Fl 32908	ו = ח
**************************************	To a	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: January 3, 2012 (OPTIONAL) e specific and cannot be more than five business days prio	r
REQUIRED SIGNATURE:		
	Λ .	

Megan falcone
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.)

Megan Falcone
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)