

L12000062589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

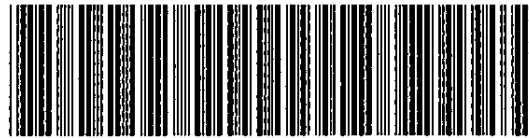
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300234659143

Effective Date 05/07/12

05/07/12--01026--012 **125.00

FILED

2012 MAY -7 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -9 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kelly Educational Services, 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:

Karen Kelly

Name of Person

Kelly Educational Services, LLC

Firm/Company

4520 SW 21Street

Address

West Park, FL 33023

City/State and Zip Code

kellyeducationalservices@gmail.com

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

For further information concerning this matter, please call:

Karen Kelly

Name of Person

at (786) 271-4086

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

FILED
2012 MAY -7 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kelly Educational Services, 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:

4520 SW 21 Street
West Park, FL 33023

Mailing Address:

4520 SW 21 Street
West Park, FL 33023

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.)

Effective Date 05/07/12

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

Karen Kelly

Name

4520 SW 21st Street

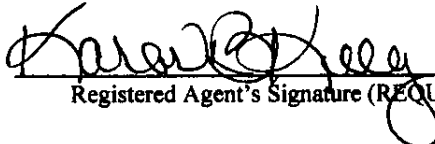
Florida street address (P.O. Box NOT acceptable)

West Park

FL 33025

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)

FILED
2012 MAY -7 PM 3:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Karen Kelly

4520 SW 21 Street

West Park, FL 33023

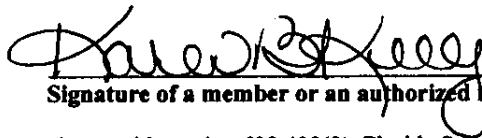
FILED
2012 MAY -7 PM 3:36
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 5, 2012. (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.)

Karen Kelly

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)