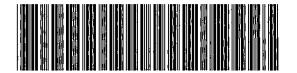
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SECRETARY OF STATE
TALLAHASSEE, FLORID

J. BRYAN

MAY 1 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ECF Educational Advocacy and Coaching Services A	- L
The enclosed Articles of Organization and fee(s) are submitted for filing.	3
Please return all correspondence concerning this matter to the following:	C
Michaelle Silver Name of Person	
ECF Educational Advocacy and Coaching Services L	LC
165 Steeling Solings Love	
Altamonte sorras, FL 32714 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 (107) 637-5662 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$160.00 Filing Fee, \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$160.00 Filing Fee, \$\ \text{Certified Copy} \\ \text{(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:
ECF Educational Advocacy and Cade of Services (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:	
165 Storling Spring Altrumonte Spring	ingslame 165 5-terling Springs La S. F.C. Altermonte Eprings, FC	we_

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:

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

Htemore PFL 3234

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)

Page 1 of 2

AR:TICLE IV- Manager(s) or Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Robyn Jenko 1929 Endert & treat # 201 OCTION TO PE 32814
MEBM	Michalle Shor 165 Steamer to The Day
	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false information constitutes a third degree felony	3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	-