

L120000088379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

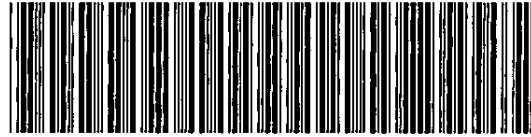
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
JUL 6 2012

# STANLEY'S ACADEMY OF EXCELLENCE

Althea Stanley-Lee, President/Owner  
3261 N.W. 65th Street, Fort Lauderdale, FL. 33309



Education is the Key to Success!

June 29, 2012

**REFERENCE:** Stanley's Academy of Excellence (N11000008227)

To whom it may concern;


I filed my business, Stanley's Academy of Excellence, Inc. with the State of Florida as a Non-Profit organization in August of 2011. I am changing my business from Non-Profit to a Profit LLC.

Attached you will find the Application of Dissolution to dissolve, Stanley's Academy of Excellence, Inc. as a Non-Profit corporation. You will also find attached a letter of intent to not revoke the company's name: Stanley's Academy of Excellence, Inc. The fee of \$35.00 is attached in the form of a money order.

Attached you will also find the application to form Stanley's Academy of Excellence as a LLC. The fee of \$130.00 is attached in the form of a money order.

If you are in need of additional information, please contact me at (954) 242-8284.

Thank you,

  
Althea Stanley, President/CEO

Contact (954) 242-8284

Fax: (954) 977-0776

Email: stanleysacademy@yahoo.com

Web: www.stanleysacademy.com



# STANLEY'S ACADEMY OF EXCELLENCE

Althea Stanley-Lee, President/Owner  
3261 N.W. 65th Street, Fort Lauderdale, FL. 33309



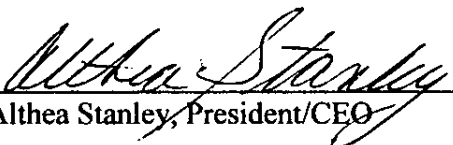
*Education is the Key to Success!*

June 29, 2012

**REFERENCE:** Letter of Intent to keep business's name

I, Althea Stanley, have no intention of revoking the dissolution of the non-profit corporation name, Stanley's Academy of Excellence, Inc., thereby releasing the name to be used again.

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Althea Stanley, President/CEO

Contact (954) 242-8284

Fax: (954) 977-0776

Email: stanleysacademy@yahoo.com

Web: www.stanleysacademy.com



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stanley's Academy of Excellence, 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:

Althea Stanley

Name of Person

Stanley's Academy of Excellence

Firm/Company

3261 N.W. 65th Street

Address

Fort Lauderdale, FL. 33309

City/State and Zip Code

stanleysacademy@yahoo.com

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

For further information concerning this matter, please call:

Althea Stanley

Name of Person

at ( 954 ) 242-8284

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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Stanley's Academy of Excellence 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:

### Mailing Address:

Althea Stanley

3261 N.W. 65th Street

Fort Lauderdale, FL. 33309

## 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:

Althea Stanley

Name

3261 N.W. 65th Street

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

Fort Lauderdale FL 33309

City, State, and Zip

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*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..*

Althea Stanley  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

**President/CEO**

Althea Stanley  
3261 N.W. 65th Street  
Fort Lauderdale, FL. 33309

**Vice President**

Shermika D. Shaw  
1137 N.E. 17th Avenue, Apt. 4  
Fort Lauderdale, Fl. 33304

**Secretary**

Tashika D. Webster  
3261 N.W. 65th Street  
Fort Lauderdale, FL. 33309

**Community/Parent Liaison**

Dianne L. Reese  
540 N.W. 4th Avenue, Apt. 702  
Fort Lauderdale, FL. 33311

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

**Althea Stanley**

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)**