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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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# COVER LETTER

Registration Section
Division of Corporations

TO:

	Name of Limit	ed Liability Company	స
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.	2
Please return all correspondence	e concerning this mat	ter to the following:	
Eboni N. Aub	ry		
		Name of Person	
Teach with S.W	A.A.G. (Sever	al Ways of Advancing	Academic Growth)
		Firm/Company	
3051 NW 70tl	n Terrace		
		Address	· · · · · · · · · · · · · · · · · · ·
Miami, Florida	33147		
		ty/State and Zip Code	
eboni.aubry@ya		for future annual report notification)	
	•	•	
For further information concern	ung this matter, pleas	e cail:	
Eboni N. Aubry		at (786 ) 547-7350	)
Name of Perso	n	Area Code & Daytime Te	lephone Number
Enclosed is a check for the f	ollowing amount:		
			<b>—</b>
\$125.00 Filing Fee \$130	0.00 Filing Fee & rtificate of Status	Certified Copy (additional copy is enclosed)	▼ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Teach with S.W.A.A.G. (Several Ways of Advancing Academic Growth) LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

3051 NW 70th Terrace	3051 NW 70th Terrace
Miami, Florida 33147	Miami, Florida 33147
***************************************	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Eboni N. Aubry	
Name	
3051 NW 70th Te	errace
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
Miami, Florida 33147	FL.
City, Sta	ate, and Zip
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	me (AL COIMP)

Page 1 of 2

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Me	Name and Address: ember
MGR	Eboni N. Aubry
	3051 NW 70th Terrace Miami, Florida 33147
*****	
	<del></del>
(Use attachment if necessa	ary)
CLE V: Effective date if oth	her than the date of filing: (OPTIONAL
effective date is listed, the d	late must be specific and cannot be more than five business days
effective date is listed, the d	late must be specific and cannot be more than five business days
effective date is listed, the d	late must be specific and cannot be more than five business days ng.)
effective date is listed, the d 0 days after the date of filin  REQUIRED SIGNATURE	late must be specific and cannot be more than five business days ng.)
effective date is listed, the d 0 days after the date of filin  REQUIRED SIGNATURE  Signature  (In accordance with constitutes an affirm I am aware that an	Low Justin

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)