

#L12000100950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

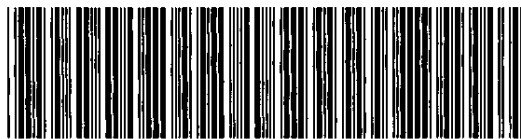
(Business Entity Name)

(Document Number)

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FILED  
12 AUG 13 AM 11:24  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 15 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRATEGIC CLASSROOM CONSULTING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEON F. HANSEN

Name of Person

CORPORATION PARTNERSHIP & LLC ADVISORS, I

Firm/Company

PO BOX 1264

Address

WINTER HAVEN, FL 33882

City/State and Zip Code

dadlh101@yahoo.com

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

For further information concerning this matter, please call:

LEON F. HANSEN

Name of Person

at ( 712 )

Area Code & Daytime Telephone Number

790-2016

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FILED  
12 AUG 13 AM 11:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
STRATEGIC CLASSROOM CONSULTING LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

PRINCIPAL OFFICE & MAILING ADDRESS CITIES ARE LISTED AS WINTER

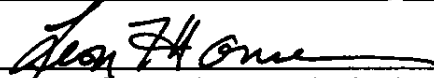
HAVEN, FL HOWEVER BOTH SHOULD BE DELTONA, FL

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: AUGUST 9, 2012.



Signature of a member or authorized representative of a member

LEON F. HANSEN, FOR REGISTERED AGENT

Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000100950  
FILED 8:00 AM  
August 06, 2012  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:  
STRATEGIC CLASSROOM CONSULTING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
799 WESTLINE AVE  
WINTER HAVEN, FL. US 32725

The mailing address of the Limited Liability Company is:  
799 WESTLINE AVE  
WINTER HAVEN, FL. US 32725

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
CORPORATION PARTNERSHIP & LLC ADVISORS INC  
6753 CHIANINA ST  
WINTER HAVEN, FL. 33859

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.

Registered Agent Signature: LEON F. HANSEN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
KAREN A ROBINSON-YORKE  
799 WESTLINE AVE  
DELTONA, FL. 32725 US

**L12000100950**  
**FILED 8:00 AM**  
**August 06, 2012**  
**Sec. Of State**  
thampton

Signature of member or an authorized representative of a member

Electronic Signature: KAREN A. ROBINSON-YORKE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.