# L12000117783

(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
B. KOHR

SEP 1 7 2012

EXAMINER



700239521237

09/13/12--01016--015 \*\*125.00

12 SEP 13 PH 4: 44

COPELAND

Leslie Bounds E-Mail Address: lbounds@cctb.com

September 7, 2012

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

> RE: **School House Direct, LLC** CCT&B No. 6782-1

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for Florida Limited Liability Company for School House Direct, LLC and our check in the amount of \$125.00.

Please contact us should you have any questions.

Sincerely yours,

COPELAND, COOK, TAYLOR & BUSH, P.A.

LB/vyl **Enclosures** 

L.\CTS\1780-214\2012 Correspondence\03-19-12 Clerk wpd\257

JACKSON | RIDGELAND 600 Concourse, Suite 100 1076 Highland Colony Parkway Ridgeland, Mississippi 39157

P.O. Box 6020 Ridgeland, MS 39158

Tel (601) 856-7200 Fax (601) 856-7626

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: School House Direct,	LLC
	ited Liability Company
	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Leslie Bounds	e submitted for filing.  tter to the following:
	Name of Person
Copeland, Cook, Taylor 8	
	Firm/Company
P.O. Box 6020	
	Address
Did	
Ridgeland, MS 39158-6020	ity/State and Zip Code
C	Ry/State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	se call:
Leslie Bounds Name of Person	at ( 601 ) 856-7200
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# School House Direct, 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:

Drive #1007

Principal Office Address:	<b>Mailing Address:</b>
1212 Ben Franklin Drive #1007	1212 Ben Franklin
Sar <del>asota, FL 34236</del>	Saracota, FL 342

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:

William Andrew Vac

595 Bay Isles Road, Suite 120C Mediterranean Plaza

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

Longboat Key FL 34228-3149
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..

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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Lawrence Dewitt 201 W. Genesee St. Fayetville, NY 13066 MGRM Jose Buergo

MGRM

Albert N. Drake

1212 Ben Franklin Drive, Suite 1201
Sarasota, FL 34236

West Higgins Road, Suite 120.

(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 a.817.155, F.S.)

Albert N. Drakysed 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)