# 42000/424/0

	(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:

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A. LUNT

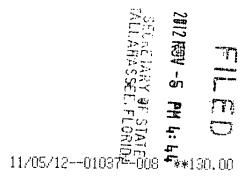
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EXAMINER

Office Use Only



300241399483



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Path tutor LLC.  Name of Limited Liability Company
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:
David T. Rowlands Jr.
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Pathtutov LLC.
- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
An -<
Tampa Florida 33618 = 3
drawland3@verizon.net
drowland3@verizon.net == == == ===========================
For further information concerning this matter, please call:
David T. Rowlands Jr. at (813) 962-6206  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address  Registration Section Registration Section
Division of Corporations Division of Corporations
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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

Principal Office Address:	<u>Maining Address:</u>	
13804 Cypress Village Circle Tampa F1, 33618	13804 Cypress Village Tampa Florida 33618	Circle
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an individual or another of	TI .
David T.	Rowlands Jr. REDE	
Florida street a Tumpa	address (P.O. Box NOT acceptable)  FL 33618  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)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:**

(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.)

T. Rowlands
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)