

#L130000/2384

(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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100242161281

EFFECTIVE DATE
12-31-2012

01/07/13--01040--001 **130.00

FILED
13 JAN -7 PM 2:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 24 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2013

CHRISTY M. HUTCHENS
1145 N LAKESHORE DR.
SARASOTA, FL 34231

SUBJECT: CMH ENTERPRISES LTD, LLC
Ref. Number: W13000001498

We have received your document for CMH ENTERPRISES LTD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000034827 "CMH ENTERPRISES, LLC"

The name of the company cannot contain "LTD". This is generally associated with Limited Partnerships.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00000561

(850) 245-6051,

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BOOKENDZ ACADEMY, 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:

Christy M. Hutchens
Name of Person

BOOKENDZ ACADEMY, LLC
Firm/Company

1145 N. Lakeshore Drive
Address

Sarasota, FL 34231
City/State and Zip Code

cmhutchens@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy M. Hutchens at (941) 923-3502
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bookendz Academy

LLC

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

EFFECTIVE DATE
12-31-2012

ARTICLE II - Address:

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

Principal Office Address:

1145 N. Lakeshore Dr
Sarasota FL 34231

Mailing Address:

1145 N. Lakeshore Dr
Sarasota, FL 34231

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:

James R. Hutchens
Name

2015 Fruitville Rd
Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34237
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

James R. Hutchens
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:

MGR

Christy M. Hutchens
1145 N. Lakeshore Dr
Sarasota, FL 34231

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/31/2012 (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:

Christy M. Hutchens
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.)

Christy M. Hutchens
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)