

L13000029488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

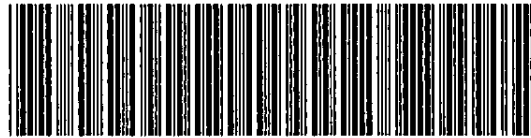
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 26 2012

D. BRUCE

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

February 19, 2013

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

RE: SPACECOAST LEARNING ACADEMY, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

SPACECOAST LEARNING ACADEMY, LLC.

**ARTICLE II**

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

**Principal Office Address:**

175 Secluded Way  
Titusville, Fl. 32780

**Mailing Address:**

175 Secluded Way  
Titusville, Fl. 32780

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

The name and the Florida street address of the registered agent are:

Tahmina Sikdar  
4270 Indian River Dr.  
Cocoa, Fl. 32927

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*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.*

*TAHMINA SIKDAR 02/20/13*  
Signature

**ARTICLE IV**

Manager 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

MGRM

Tahmina Sikdar

4270 Indian River Dr.

Cocoa, Fl. 32927

**ARTICLE V (Optional)**

Effective date, if other than the date of filing: \_\_\_\_\_

*(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:

TAHMINA SIKDAR 02/20/13

Tahmina Sikdar

*(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.)*

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