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SECRETARY OF STATE
IALLAMASSEE, PLORIG

ţ.

(850) 245-6051.

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Safeguard 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:
Hans Christian Hansen Name of Person
Firm/Company
18100 Hasen Hoke Farm Ln. Address
North Ft. Mych, FL 33917  City State and Zip Code  Chrs @ Dnortymarketing, Com  E-mail address: (to be used for future angual report notification)
Chns @ Dnantymarketing, Com  E-mail address: (to be used for future and ual report notification)
For further information concerning this matter, please call:
Chns Hansun at (239) 267-2638 (#228)  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee \$\times\$130.00 Filing Fee & Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

□ \$160.00 Filing Fee. Certificate of Status &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Safe a ward A cademy, 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:

# Principal Office Address:

18100 Hansen Hoke Farm Ln N. Ft. Myers, FL 33917

# Mailing Address:

18100 Hansen Hoke Farm Ln. N. Ft. Myen, Fl 33917

# 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:

Kagan Law Firm

Name

8191 College Parkway Suit 303

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

Ft. Myul, FL 33919 City. State, and Zip 13 APR -1 PM 4: 16
SECRETARY OF STANK

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)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Hans Christian Hansen 18100 Hansen Hoke Farm Ln. N. Ft. Myers, FL 33917
MGR	Teresa Lynn Hansin Same address as abor
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing: (OPTION
	t be specific and cannot be more than five busin

### **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 s.817.155, F.S.)

Christopher Kagan, Esq.
Typed or printed name of signeed

#### 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)