

05/10/2031

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000147125 3)))



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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
THE INDIGO KIDS ACADEMY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2013 JUN 28 AM 8:50

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B. BOSTICK

JUL - 1 2013

EXAMINER

H13000147125

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Indigo Kids Academy 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:**Mailing Address:**8565 SW 152 AVE
#123
Miami FL 33193**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:

NITZA ROSADO
Name
8565 SW 152 AVE #123
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33193
City, State, and ZipFILED
2013 JUN 28 AM 8:55
SECRETARY OF STATE
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.

Nitza Rosado
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRMMGRM**Name and Address:**


NITZA ROSADO
 8565 SW 152 AVE #123
 MIAMI FL 33193

JOSEFA A. TORRES
 8565 SW 152 AVE #123
 MIAMI FL 33193

(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.)

NITZA ROSADO
 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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