

LI3000133884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

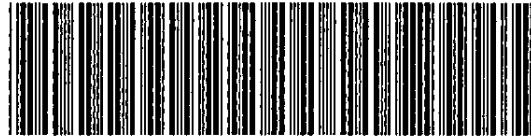
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/13--01026--004 **130.00

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2013 SEP 20 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Points Exam Services, 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:

Frank Comparetti

Name of Person

4 Points Exam Services, LLC

Firm/Company

114 Rock Lake Rd

Address

Longwood, FL 32750

City/State and Zip Code

drfrank@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Comparetti

Name of Person

at (407) 340-0653

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

4 Points Exam Services, 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:

7785 Baymeadows Way, #111
Jacksonville, FL 32256

Mailing Address:

114 Rock Lake Rd
Longwood, FL 32750

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:

Frank Comparetti

Name

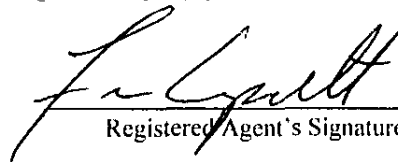
114 Rock Lake Rd

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

Longwood, FL 32750

City, 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)

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TALLAHASSEE, FLORIDA

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:

Managing Member

Frank Comparetti

114 Rock Lake Rd

Longwood, FL 32750

Managing Member

Alicia Burst

4178 Highwood Drive

Jacksonville, FL 32216

Managing Member

Michael Morales

12860 SW 34th Pl

Davie, FL 33330

Managing Member

Omar Guerra

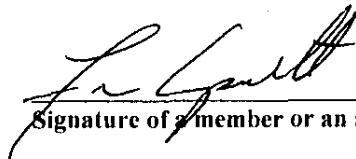
3316 Las Campos Pl

Tampa, FL 33611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept 20, 2013. (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. 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.)

Frank Comparetti

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)

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TALLAHASSEE, FLORIDA

Attachement 1 of 1

4 Points Exam Services, LLC Articles of Organization

Continuation of Article IV – Managing Members

Managing Member

Lauren Kent

3316 Las Campos Pl

Tampa, FL 33611

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TALLAHASSEE, FLORIDA