

L14000004881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

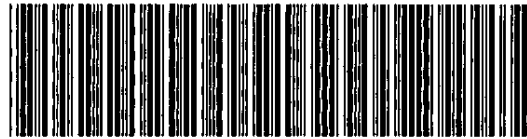
Special Instructions to Filing Officer:

JAN - 9 2013

A LUNT

W13-67452

Office Use Only



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12/04/13--01014--016 **130.00

FILED

2013 DEC 26 PM 4:16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2013

SHARON REID
11934 IRON CREEK ROAD
JACKSONVILLE, FL 32218

SUBJECT: A&S EDUCATIONAL SERVICES, LLC
Ref. Number: W13000067452

We have received your document for A&S EDUCATIONAL SERVICES, 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):

Please designate only one person as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 713A00028077

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **A&S Educational Services**
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:

Andrew and Sharon Reid

Name of Person

Firm/Company

11934 Iron Creek Road

Address

Jacksonville Florida 32218

City/State and Zip Code

sdhartley1@juno.com

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

For further information concerning this matter, please call:

Sharon Reid

Name of Person

at **(904) 614-9301**

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

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2013 DEC 26 PM 4:16
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A&S Educational 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:

11934 Iron Creek Road
Jacksonville, Florida 32218

Mailing Address:

11934 Iron Creek Road
Jacksonville, Florida 32218

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:



Sharon Reid

Name

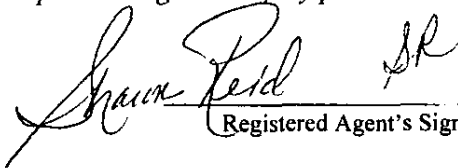
11934 Iron Creek Road

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

Jacksonville FL 32218

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)

FILED
2013 DEC 26 PM 4:16
CLARK COUNTY, FLORIDA
CLERK OF CIRCUIT COURT

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:

Manager

MGR

Andrew Reid

11934 Iron Creek Road

Jacksonville, Florida 32218

Manager

MGR

Sharon Reid

11934 Iron Creek Road

Jacksonville, Florida 32218

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(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:

Sharon Reid A. Reid

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.)

Sharon Reid Andrew Reid

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)