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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

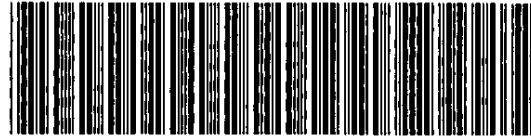
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 JUL 1969

ROSEMOND
Preschool Academy
"Where Children Blossom"

January 25, 2014

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

Dear sir:

I am writing this letter in response to the request written in the submittal documentation. Enclosed is a check made payable to the Florida Department of the State to cover the payment requirements for the LLC registration. Please see the contact information below.

Charles M. Rosemond & Teresa M. Rosemond
824 Amber Way #102
Altamonte Springs, FL 32714
(407) 766-4999

Rosemond Preschool Academy, LLC.
4900 Donovan Street
Orlando, FL 32808
(407) 532-7880

Thank you,



Charles M. Rosemond & Teresa M. Rosemond

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSEMOND PRESCHOOL 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:

TERESA M. ROSEMOND

Name of Person

Firm/Company

824 Amber Way #102

Address

Altamonte Springs, FL 32714

City/State and Zip Code

rosemondpreschoolacademy@gmail.com

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

For further information concerning this matter, please call:

Teresa M. Rosemond 407 766-4999

Name of Person

at ()

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rosemond Preschool 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:

4900 Donovan Street
Orlando, FL 32808

Mailing Address:

824 Amber Way #102
Altamonte Springs, FL 32714

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:

Charles M. Rosemond

Name

824 Amber Way #102

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

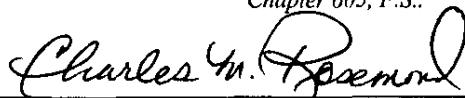
Altamonte Springs

City

FL 32714

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

TERESA M. ROSEMOND

824 AMBER WAY #102

ALTAMONTE SPRINGS, FL 32714

AMBR

CHARLES M. ROSEMOND

824 AMBER WAY #102

ALTAMONTE SPRINGS, FL 32714

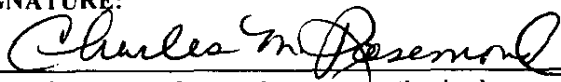
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 24, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

CHARLES M. ROSEMOND

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)