

L14000044833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

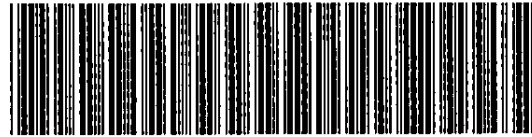
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800257777588

03/17/14--01059--007 **130.00

FILED
14 FEB 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2014

S. YOUNG

EFFECTIVE DATE

3/10/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Visions 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:

Dr. Gerald J. Luongo
Name of Person

Creative Visions Academy, LLC
Firm/Company

531 North Ocean Blvd. Suite 1606
Address

Pompano Beach, Florida 33062
City/State and Zip Code

GJLConsultant@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald J. Luongo at (954) 295-6157
Name of Person 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

FILED
14 FEB 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creative Visions 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:

531 North Ocean Blvd. #1606
Pompano Beach, FL 33062

(SAME)

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:

Dr. Gerald J. Luongo

Name

531 North Ocean Blvd. Suite 1606

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

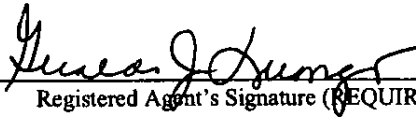
Pompano Beach

FL 33062

City

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)

FILED
14 FEB 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

Eddie P. Hernandez
10934 Savannah Landings Circle
Orlando, Florida 32832

AMBR _____

Gerald J. Luongo
531 North Ocean Blvd. #1606
Pompano Beach, Florida 33062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 10, 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.)

Gerald J. Luongo

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)

FILED
14 FEB 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA