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SECRETARY OF STATE

K. SALY EXAMINER

APR 2 2 2014

COVER LETTER

то:

TO:	Registration Section Division of Corporations	
	Division of Corporations	•
SHRH	ECT: Tender Love And Care Academy	411.0
SOBar	Name of L	mited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Annette Daniels	20
	•	Name of Person
		Firm/Company
	4103 NW US Hwy.129	
		Address
	Jasper,Florida 32052	City/State and Zip Code
		Chyrotaic and Zip Code
<u>_</u>	an2358@windstream.net E-mail address: (to be us	ed for future annual report notification)
For fu	rther information concerning this matter, pl	ease call:
	, p.	
Anne	tte Daniels at (386) 792-2889
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
□ \$125.	00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Tender Love And Care 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 pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
317 NW 4th Street Jasper,Fl 32052	4103 NW US Hwy, 129 Jasper,Fl 32052	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida r The name and the Florida street address of the r	as its own Registered Agent. You must designate an individual registration.)	tual or 2014 APR 18
Annette Daniels		5 77
	Name Tri	2 -
4103 NW US Hwy. 1		i m
Florida street address ((P.O. Box NOT acceptable)	章 圣 亡
Jasper	FL 32052	ST.
City	Zip	
the place designated in this certificate, I here capacity. I further agree to comply with the poof my duties, and I am familiar with and account to the complex of my duties.	accept service of process for the above stated limited liability accept the appointment as registered agent and agree to provisions of all statutes relating to the proper and complete the pept the obligations of my position as registered agent as proceed the control of the proper and complete the proper and comple	o act in this performance
(Co	ONTINUED)	

Page 1 of 2

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
Manager	Frank Daniels Sr.
	4103 NW US Hwy. 129
	Jasper, Fl 32052
Managan	Assetta Danista
Manager	Annette Daniels
	4103 NW US Hwy. 129
	Jasper, Fl 32052
V: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	e of filing: (OPTIONAL) Decific and cannot be more than five business days prior to or second sec
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or some
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a modern constitutes an affirmation und a modern aware that any false inforconstitutes a third degree felories.	ember or an authorized representative of a member. 05.0203 (1) (b). Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
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