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T. BROWN

COVER LETTER

Division of Corporations SUBJECT: LARRY STEIN CONTINUING EDUCATION 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: LAWRENCE J. STEIN Name of Person LARRY STEIN CONTINUING EDUCATION LLC Firm/Company 9620 N.W. 82 ND STREET Address TAMARAC, FLORIDA 33321-1317 City/State and Zip Code taxman532@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAWRENCE J. STEIN at (_954 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **✓**\$160.00 Filing Fee, □\$155.00 Filing Fee & □ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

Mailing Address

TO:

Registration Section

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION OF LARRY STEIN CONTINUING EDUCATION LLC



ARTICLE I - NAME:

The name of this limited liability company is:

LARRY STEIN CONTINUING EDUCATION LLC

<u>ARTICLE II - MAILING ADDRESS AND ADDRESS OF PRINCIPAL OFFICE:</u>

The mailing address and Florida street address of the principal office of the Limited Liability Company is:

FLORIDA PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESS:

LARRY STEIN CONTINUING EDUCATION LLC c/o Lawrence J. Stein 9620 N.W. 82nd Street Tamarac, Florida 33321-1317.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered are:

Name: Lawrence J. Stein

Florida Street Address: 9620 N.W. 82nd Street, Tamarac, Florida 33321-1317

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.

Bv

Lawrence J. Stein

Date: August ______2014

<u>ARTICLE IV - MANAGEMENT - MEMBER - MANAGED LIMITED LIABILITY</u> COMPANY:

This Limited Liability Company shall be member-managed. The name and address of each person authorized to manage and control the Limited Liability Company is:

Title

Name and Address

AMBR – Authorized Member

Lawrence J. Stein 9620 N.W. 82nd Street Tamarac, FL 33321-1317

ARTICLE V - EFFECTIVE DATE:

The effective date for this Limited Liability Company is the date that these Articles of Organization are filed. This Limited Liability Company shall have a perpetual existence - see Article VII below.

ARTICLE VI - ANY LAWFUL PURPOSE PERMITTED:

The purpose of this Limited Liability Company shall be to provide educational services and to engage in any other lawful business or purpose as provided in Florida Statutes – Chapter 605 and under Florida Law.

ARTICLE VII - PERPETUAL DURATION:

This Limited Liability Company shall continue in existence in perpetuity unless its existence is terminated sooner or dissolved by agreement or under the law.

REQUIRED SIGNATURE:

(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 felopy as provided for in s.817.155, F.S.)

AWRENCE J. STEIN, AMBR Authorized Member

Signed this Today of August, 2014.