

L14000131058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

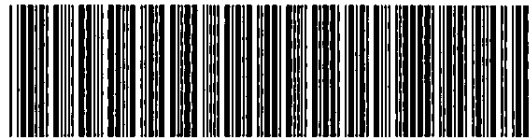
(Business Entity Name)

(Document Number)

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08/20/14--01005--008 **125.00

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2014 AUG 20 AM 11:30
CLERK OF COURT
JULIA S. FLORES

EFFECTIVE DATE

08/15/14

AUG 21 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personalized Learning Profile, 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:

Chris Cale

Name of Person

Personalized Learning Profile, LLC.

Firm/Company

1990 Main Street PH18

Address

Sarasota, Florida 34236

City/State and Zip Code

thecaleman@gmail.com

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

For further information concerning this matter, please call:

Chris Cale

Name of Person

at (646)

Area Code

350-5863

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

FILED
TALLAHASSEE, FLORIDA
AUG 20 2004

2004 AUG 20 AM 11:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Personalized Learning Profile, 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:

1990 Main Street PH 18
Sarasota, FL 34236

Mailing Address:

1990 Main Street PH 18
Sarasota, FL 34236

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:

Chris Cale
Name
1990 Main Street PH 18
Florida street address (P.O. Box NOT acceptable)
Sarasota FL 34236
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.

Chris Cale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

EFFECTIVE DATE 08/15/14

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:

Cherie DiNeia, MGR

1990 Main Street PH 18
Sarasota, FL 34236

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 15, 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:

Chris Cale

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.)

Chris Cale

Typed or printed name of signer

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)

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2014 AUG 20 AM 11:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA