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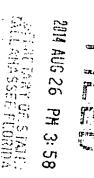
(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration of	n Section Corporations			
SUBJE	CT: <u>Develo</u>	opmental and Enrichment S Name of Li	Services, LLC mited Liability Company	 .	
The enc	losed Articles	s of Organization and fee(s) a	re submitted for filing.		
Please r	eturn all corre	espondence concerning this n	natter to the following:		
	<u>Anissia l</u>	Bell- Davis			
			Name of Person		
	<u>Develop</u>	mental and Enrichment Se	ervices,LLC		
			Firm/Company		
	1180 8th	n Ave. West # 154		·	
			Address		
	Palmetto	o , FL34221		14. 4	7014
	, annous		City/State and Zip Code		- Se
sro	ux2@tampa	abay.rr.com	ed for future annual report notification	ation) m	26
T			-	ation)	⊋ 💯
For Iuri	ner informatio	on concerning this matter, ple	ase call:	E SE	မ္
Anissia	B. Davis	at (941) 313-4941	E G	8
		me of Person		lephone Number	
Enclose	d is a check fo	or the following amount:			
_) 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 enc	&
	Ma	illing Address	Street/Courier Add	ress	

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

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:		
Developmental and Enrichment Sevices, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
515 9th Street East Bradenton FL 34208	1180 8th Ave. West #154 Palmetto, FL 34221	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an in	idividual or
The name and the Florida street address of the registered ag	gent are:	
Anissia Davis Name		
1008 29th. ST East Florida street address (P.O. Box N	NOT acceptable)	
Palmetto	FL 34221	
City	Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent and ag all statutes relating to the proper and com	ree to act in this plete performance
Registered Agent's Signatur	re (REOLURED)	
(CONTINUE)		2011 A

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Anissia Bell Davis
	1008 29th. St East Palmetto FL 34221
MGR	Elizabeth James
·	300 11th St Drive West Palmetto, FL 34221
ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE	soia Bell Daws
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	where or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

Page 2 of 2