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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE

2014 OCT 27 PN 3: 27 SECRETARY OF STATE FAIT ATASSET, FLORIDA October 20, 2014

To whom it may concern,

Enclosed is my application to become a Limited Liability Company as well as a check for \$160 for the filing fee, certificate of status and certified copy. My contact information is:

Andrea J. Hinderling English Everywhere 7950 Tatum Waterway Dr. #7 Miami Beach, FL 33141

917.589.2138

Thank you,

Andrea J. Hinderling

COVER LETTER

SUBJECT: English Everywhere, 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:
Andrea J. Hinderling Name of Person
English Everywhere, LLC
7950 Tatum Waterway DV. #7
Miami Beach, Fl 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea T. Hindering at (917) 589.2138 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations

Registration Section
Division of Corporations

TO:

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:	
English Everywhere (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 offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7950 Tohin Wotermy W.	Sime
Wiami Reach + 33141	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Andrea J. H	inderling = = =
Name	
Florida street address (P.O. Box 1)	NOT acceptable)
MiamiReach	FL 33141 22 42 22 22 22 22 22 22 22 22 22 22 22
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	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S
MAde	(DEGLUDED)
Registered) Agent 's Signatu	re (REQUIRED)
(CONTINUE)	D)

Page 1 of 2

The name and address of each person auth	norized to manage and control the Limited Liability Comp	any:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
			
AMBR	Andres J. Hinderlin 1950 John Waterway. Wrami Beach Fl. 33/1	47	
			
			•
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthed date of filing.)	of filing: 1000 2014 (OPTIONAL cific and cannot be more than five business days prior t		
ARTICLE VI: Other provisions, if any.			
<u>REQUIRED</u> SIGNATURE:	tan'i		
	With the second		
On accordance with section 605	her or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this docu	ment	
constitutes an affirmation under	the penalties of perjury that the facts stated herein are tru	ie. 🛼 🕰 🐸	
I am aware that any false inform	ation submitted in a document to the Department of State		
constitutes a third degree felony	as provided for in s.817.155, F.S.)	267 A TE	1
	Typed or printed name of signee	483	n
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\$ 30.00 Certified Copy (Optional)	anization and Designation of Registered Agent	3 2 ORIU	