11400184839

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	_
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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DECO 3 2014

COVER LETTER

TO: Registration of	on Section Corporations				
SUBJECT: Tutor		mited Liability Company	·		
	es of Organization and fee(s) a	·			
Please return all con	respondence concerning this n	natter to the following:			
<u>Tamir F</u>	Rabinovich	Name of Person			
		Name of Person			
<u>TutorZ</u>	onePlus			_	
		Firm/Company			
10760	NW 10th ST				
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,	Address		_	
D)	5 1,0000				
Plantati	on/FL 33322	City/State and Zip Code	N-	_	
info@tutorzon	enlus com			2014	
	E-mail address: (to be use	ed for future annual report notific	ation)	E 7	11.50
For further informati	ion concerning this matter, ple	ase call:	TAS	7014 NOV 20	
			min.		
Tamir Rabinovich	at (_	954) <u>7407865</u>	·	3 1	Ì
iN8	ame of Person	Area Code Daytime Te	lephone Number		ř
Enclosed is a check	for the following amount:		量可	12	
\$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 enclo		
<u>M</u>	ailing 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:		
Tutorzoneplus, LLC. (Must end with the words "Lim	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10760 NW 10th St Plantation. FL 33322	10760 NW 10th St Plantation, FL 33322	
another business entity with an active Florida registrement of the	own Registered Agent. You must designate an individual or tration.)	
<u>Tamir Rabinovich</u>	Name	
10760 NW 10th St Florida street address (P.O.	Box NOT acceptable)	}
Plantation	FL 33322	7
City	Zip Zip OV 2	Section 2
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	ept service of process for the above stated limited Hability compactory the appointment as registered agent and agree to a fairn sions of all statutes relating to the proper and complete perform the obligations of my position as registered agent is provided to Chapter 605, F.S	the mance

(CONTINUED)

Page 1 of 2

Γitle <u>:</u>	Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager	
MGR	Tamir Rabinovich
	10760 NW 10th St
	Plantation, FL 33322
MGR	Roi Koren
	511 NW 108th Ave
	Plantation, FL 33324
MGR	Fazlah Rahaman
	2000 SW 99th Terrace
	Miramar, FL 33025
V: Effective date, if other than the date stive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CV: Effective date, if other than the date entire date is listed, the date must be spet filling.) CVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ctive date is listed, the date must be spe f filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date entire date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days
C.V: Effective date, if other than the date entire date is listed, the date must be specifiling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of a member.
CV: Effective date, if other than the date etive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under the constitutes are affirm	mber or an authorized representative of a member.
E.V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menutory of the constitutes an affirmation under a management of the constitutes and affirmation under the constitutes are affirmat	mber or an authorized representative of a member.
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EV: Effective date, if other than the date extrement date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a menuture	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 y as provided for in s.817.155, F.S.) Typed or printed name of signee
Signature of a met (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felony Tamir Rabinovice	mber or an authorized representative of a member.