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TALL BLASSEE FERNOSSES STATES OF THE STATES

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COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SURIF <i>C</i> T.	Trinity Education Academy of Ch	ristian Homeschoolers, LLC	
SUBSECT.		mited Liability Company	
The enclosed	l Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
<u>(</u>	Corey O McKeown		
		Name of Person	
-		Firm/Company	MIN PC 16
;	3312 Valencia Road		
`_	,	Address	97 S
-	Tampa, FL 33618		
****		City/State and Zip Code	
teachc	oreymckeown@gmail.com	ed for future annual report notifica	vion)
For further in	nformation concerning this matter, ple	•	
Corey McK	Geownat (813) 951-4910	
	Name of Person		lephone Number
Enclosed is a	a check for the following amount:		
□ \$125.00 Fili	ng Fee Signature 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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Trinity Education Academy of C	Christian Homeschoolers	, LLC	
(Must end wi	th the words "Limited Liab	ility Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office	of the Limited Liability Co	ompany is:
Principal Office Address:	M	lailing Address:	
3312 Valencia Road		O Box 270608	
Tampa, FL 33618		ampa, FL 33688	
(The Limited Liability Company ca another business entity with an act The name and the Florida street add	ive Florida registration.)	_	signate an individual or
Corey O M			
	Name		
	ncia Road		
Florida str	eet address (P.O. Box NO	T acceptable)	
Tampa		FL 33618	
	City	Zip	
Having been named as registered of the place designated in this cert capacity. I further agree to comp of my duties, and I am familiar v	ificate, I hereby accept the ly with the provisions of all with and accept the obligati Chapter 60	appointment as registered statutes relating to the proons of my position as registor, F.S	agent and agree to act in this per and complete performance
Reg	istered Agent's Signature (REQUIRED)	
	(CONTINUED)		7. S
	Page 1 of 2		2011 PEC 16 AN BY

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Caray O Makagun
AMBR	Corey O McKeown 3312 Valencia Road
	Tampa, FL 33618
	Tampa, 1 2 000 10
	
ffective date is listed, the date must be	ate of filing: 1/1/2015
LE V: Effective date, if other than the d	ate of filing: 1/1/2015 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under a manual position of the section constitutes any false in the section constitutes are affirmation under a manual position.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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