

L14000193394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

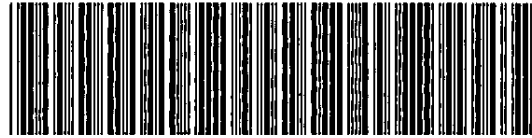
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267310439

12/16/14--01019--005 **130.00

FILED

2014 DEC 16 AM 8:35

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

DEC 22 2014
D. BRUCE

EFFECTIVE DATE

01/01/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHOLARSHIP STRATEGIES, 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:

MARK S. JACOBS
Name of Person

SCHOLARSHIP STRATEGIES, LLC
Firm/Company

10115 BRIARWICK CT
Address

TAMPA FLORIDA 33615
City/State and Zip Code

MARKS JACOBS @ AOL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK JACOBS at (703) 296-6963
Name of Person Area Code 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
2014 DEC 16 AM 8:35
STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHOLARSHIP STRATEGIES, 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:

10115 BRIARWICK CT.
Tampa, FL 33615

Mailing Address:

10115 BRIARWICK CT.
Tampa, FL 33615

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:

MARK S. JACOBS

Name

10115 BRIARWICK CT

Florida street address (P.O. Box NOT acceptable)

Tampa

City

FL

33615

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 the 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.

Mark S. Jacobs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/01/15

FILED
DEC 16 AM 8:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

MARK S. JACOBS
1015 BRUNSWICK CT
TALLAHASSEE FL 32315

MAYRA U. JACOBS
1015 BRUNSWICK CT
TALLAHASSEE FL 32315

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2015 (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:

Mark S. Jacobs

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0205 (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.)

MARK S. JACOBS

Typed or printed name of signee

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)

FILED
2014 DEC 16 AM 8:35
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE