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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nai	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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15 JAN 13 AM 9:57 SECRETARY OF STATE TALLAHASSET, FLORIDA

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Learn n' Grow, LLC</u> Name of Li	mited Liability Company	<u> </u>
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Laura Marie Testani	Name of Person	
	Learn n' Grow, LLC	Firm/Company	
	2219 S. Woodland Blvd.	Address	
	Deland, Florida 32720	City/State and Zip Code	<u>.</u>
_lte	estani@cfl.rr.com E-mail address: (to be use	ed for future annual report notific	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Laura</u>	Marie Testani at ( at ( at ( at ( at (	386 ) 334-5566 Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add Registration Section Division of Corpora	

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:		
Learn n' Grow, 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 offi	ce of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
2219 S. Woodland Blvd. Deland, Florida 32720	3182 Lindera Drive Deltona, Florida 32725	
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 desig	
The name and the Florida street address of the registered a	gent are:	
<u>Laura Marie Testani</u> Name		
3182 Lindera Drive Florida street address (P.O. Box 1	NOT acceptable)	
<u>Deltona,</u> City	FL 32725 Zip	
Having been named as registered agent and to accept serve 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 obligation.  Chapter	he appointment as registered age all statutes relating to the proper	ent and agree to act in this r and complete performance
Registered Agent's Signatu	re (REQUIRED)	A SECOND
(CONTINUE	D)	S JA
Page 1 of 2		15 JAN 13 AM 9: 57

Title:		Name and Address:		
"AMBR" = Authorized	Member			
"MGR" = Manager		Laura Maria Tantani		
MGR	-	Laura Marie Testani		_
		3182 Lindera Drive	· · · · · ·	_
		Deltona, Florida 32725		_
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Use attachment if nece	essary)			
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ARTICLE IV-