

12/24/2012 05:3

#764 1/003

L15000026778

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000036306 3)))



H15000036306 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

RECEIVED
15 FEB 12 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

15 JAN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**** Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ASAP LEARNING SERVICES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

3:28 PM FEB 13 2015

H15000036308

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASAP LEARNING SERVICES, 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:

4273 FOX RIDGE DR

WESTON, FL 33331

Mailing Address:

4273 FOX RIDGE DR

WESTON, FL 33331

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:

ANAND PITRE

Name

4273 FOX RIDGE DR

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

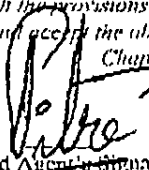
WESTON,

City

FL 33331

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 this 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
JAN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000036308

H15000036306

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:

ANAND PITRE

4273 FOX RIDGE DR

WESTON, FL 33331

PRIYA PITRE

4273 FOX RIDGE DR

WESTON, FL 33331

15 JAN 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

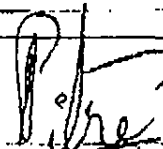
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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

(In accordance with section 605.0203 (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.)

- ANAND PITRE

Typed or printed name of Signee

H15000036306