

L15000033373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

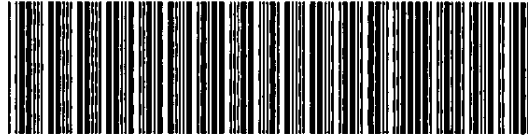
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000269335070

02/18/15--01005--007 \*\*130.00

FILED

2015 FEB 18 PM 3:43

CLERK OF STATE  
TALLAHASSEE FLORIDA

FEB 24 2015

D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Little Giants Learning Academy South  
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:

Reginald W. Sallet  
Name of Person

Little Giants Learning Academy  
Firm/Company

10891 Hackney Drive  
Address

Riverview Florida 33569  
City/State and Zip Code

r.sallet@lqlaedu.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reginald W Sallet at ( 813 ) 2401125  
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  
2015 FEB 18 PM 3:43  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Little Giants Learning Academy South, 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:**

13250 South Hwy 301  
Riverview, Florida 33579

**Mailing Address:**

10891 Hackney Drive  
Riverview, Florida 33578

**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:

Reginald W Sallet

Name

9610 Greenbank Drive

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

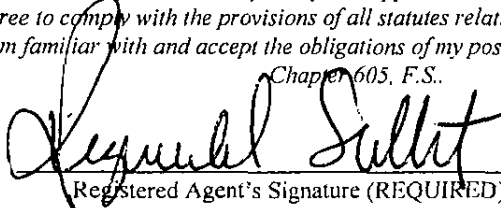
Riverview

City

FL 33569

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)

FILED  
FEB 18 PM 3:43  
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

**Name and Address:**

Reginald W. Sallet  
9610 Greenbank Drive  
Riverview, FL 33569

MGR

Trelvis L. Sallet  
9610 Greenbank Drive  
Riverview, FL 33569

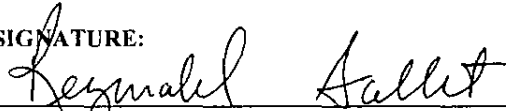
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 11, 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.

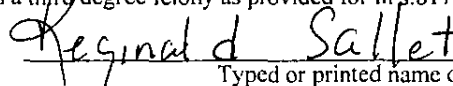
**REQUIRED SIGNATURE:**



**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.)



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**  
2015 FEB 18 PM 3:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA