

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | <u></u> |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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R. WHITE

COVER LETTER

| ECT: <u>Rem</u> | us & Associates LLC Name of Lin | nited Liability Company | |
|------------------|--|--|---|
| closed Articles | of Organization and fee(s) an | re submitted for filing. | |
| return all corre | spondence concerning this m | atter to the following: | |
| Holly Rer | nus | Name of Person | |
| | | | |
| Remus & | Associates LLC | | |
| | | Firm/Company | |
| 8324 Bra | ndeis Circle E | | |
| | | Address | |
| Sarasota | FL 34243 | | |
| | | City/State and Zip Code | |
| emusAssociat | es@gmail.com | | |
| | E-mail address: (to be use | d for future annual report notifica | ition) |
| ther information | n concerning this matter, plea | ase call: | |
| Remus | at (S | 941) 586-0524 | |
| | | | ephone Number |
| | | | |
| ed is a check fo | r the following amount: | | |
| 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) |
| Mai | ling Address | Street/Courier Addi | ress |
| Regi | stration Section | Registration Section | |
| | | | ions |
| | | Clifton Building 2661 Executive Cent | er Circle |
| | Division of Control of | return all correspondence concerning this meturn all correspondence in the concerning the concerning this matter, please there information concerning this matter, please in the concerning the concerning this matter, please in the concerning | Birth Section of Corporations BCT: Remus & Associates LLC Name of Limited Liability Company Closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Holly Remus Name of Person Remus & Associates LLC Firm/Company 8324 Brandeis Circle E Address Sarasota FL 34243 City/State and Zip Code semus Associates@gmail.com E-mail address: (to be used for future annual report notificate information concerning this matter, please call: Remus 1 (941) 586-0524 Name of Person Area Code Daytime Television of Person Belling Fee Scentificate of Status Certified Copy (additional copy is enclosed) Mailing Address Registration Section Division of Corporations P.O. Box 6327 Ciffon Building |

Tallahassee, FL 32301

PILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYIAR 10 PH 1: 33

| ARTICLE I - Name: The name of the Limited Liability Company is: | PALLANCE ENGLISH |
|--|--|
| Remus & Associates, LLC (Must end with the words "Lim | ited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princip | |
| Principal Office Address: | Mailing Address: |
| 8324 Brandeis Cir E Sarasota FL 34243 | 8324 Brandeis Cir E Sarasota FL 34243 |
| | |
| The Limited Liability Company cannot serve as its conother business entity with an active Florida registr | own Registered Agent. You must designate an individual or ration.) |
| ARTICLE III - Registered Agent, Registered Offi The Limited Liability Company cannot serve as its canother business entity with an active Florida registress of the registress of the Florida Street address of the registress of Holly Remus | own Registered Agent. You must designate an individual or ration.) |
| The Limited Liability Company cannot serve as its canother business entity with an active Florida registre. The name and the Florida street address of the registe. Holly Remus | own Registered Agent. You must designate an individual or ration.) |
| The Limited Liability Company cannot serve as its canother business entity with an active Florida registre. The name and the Florida street address of the registe. Holly Remus | own Registered Agent. You must designate an individual or ration.) ered agent are: ame |
| The Limited Liability Company cannot serve as its canother business entity with an active Florida registre. The name and the Florida street address of the registre. Holly Remus No. 8324 Brandeis Circle E | own Registered Agent. You must designate an individual or ration.) ered agent are: ame |

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..

Holly Gemus
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Γitle:</u> | Name and Address: | |
|--|--|---------------------|
| 'AMBR" = Authorized | | |
| "MGR" = Manager | | |
| AMGR | Holly Remus | |
| | 8324 Brandeis Cir E | |
| | Sarasota FL 34243 | |
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| ctive date is listed, the filing.) | e date must be specific and cannot be more than five business days pr | NAL) ior to or 9 |
| E V: Effective date, if ective date is listed, the filling.) E VI: Other provisions REQUIRED SIGNAT | e date must be specific and cannot be more than five business days pr | NAL) ior to or 9 |
| ctive date is listed, the f filing.) E VI: Other provisions REQUIRED SIGNAT | if any. FURE: Holly Remuse | ior to or 9 |
| REQUIRED SIGNAT | e date must be specific and cannot be more than five business days pr | ior to or 9 |
| REQUIRED SIGNAT | FURE: Signature of a member or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, the execution of this or affirmation under the penalties of perjury that the facts stated herein ar that any false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.) | ior to or 9 |
| REQUIRED SIGNAT | FURE: Signature of a member or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, the execution of this or affirmation under the penalties of perjury that the facts stated herein ar hat any false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.) Holly Remus | ior to or 9 |
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| REQUIRED SIGNAT | Filing Fees: | ior to or s |
| E VI: Other provisions E VI: Other provisions REQUIRED SIGNAT (In accordan constitutes a 1 am aware t constitutes a | Filing Fees: or Articles of Organization and Designation of Registered Agent | ior to or 9 |
| CVI: Other provisions REQUIRED SIGNAT (In accordan constitutes a 1 am aware t constitutes a 1 am awa | Filing Fees: or Articles of Organization and Designation of Registered Agent | ior to or 9 |

Page 2 of 2