

L15000131086

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000187320 3)))



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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561) 713-2095
Fax Number : (561) 747-4113

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

Email Address: ptroxel@comcast.net

FLORIDA LIMITED LIABILITY CO.
Blue Sky Tutoring, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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15 JUL 31 PM 4:05

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15 AUG -3 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Aug. 3. 2015 1:18PM

ALL FLORIDA LAND TITLE COMPANY

((H1500018No.0588)) P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bue Sky Tutoring, 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:

Darren Leiser

Name of Person

Jeck, Harris, Raynor & Jones, P.A.

Firm/Company

790 Juno Ocean Walk, Suite 600

Address

Juno Beach, FL 33408-1121

City/State and Zip Code

ptroxel@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hnasko

561

713-2084

at (_____) _____

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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((H15000187320 3)))

Aug. 3. 2015 1:19PM

ALL FLORIDA LAND TITLE COMPANY

No.0588 P. 3
(((H15000187320 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bue Sky Tutoring, 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:

800 Village Square Crossing, Suite 106
Palm Beach Gardens, Florida 33410

Mailing Address:

800 Village Square Crossing, Suite 106
Palm Beach Gardens, Florida 33410

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:

Margaret Mary Troxel

Name

800 Village Square Crossing, Suite 106

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

Palm Beach Gardens FL 33410

City

State

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..

Margaret M. Troxel

(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Margaret Mary Troxel
800 Village Square Crossing, Suite 106
Palm Beach Gardens, Florida 33410

AMBR

Margaret Mary Troxel
800 Village Square Crossing, Suite 106
Palm Beach Gardens, Florida 33410

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Margaret M. Troxel

Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.

Margaret Mary Troxel

Typed or printed name of signer

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA