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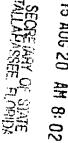
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MEYER PREPARATORY ACADEMY				
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:				
CARISA N. BERKELEY  Name of Person				
MEYER PREPARATORY ACADEMY Firm/Company				
Firm/Company				
1654 NE 160ST				
Address				
MoerH Mi Ami BEACH, Ft 33162 City/State and Zip Code				
CNBERKELEY @HUTMAIL, COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CARISA BERKELEY <sub>at</sub> (305) 467-6501  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company is:	15 AUG 20	AM 8: 02
Meyer Pl	EPATOLY ACADEMY, LLCALLAPASSEE	OF STATE
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	FLORIDA

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 mailing address and street address of the principal office of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

**ARTICLE II - Address:** 

Name

1654 NE 16057

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

N.MIAMI BCH FL 33162

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



The name and addre	ess of each person auth	norized to manage and control the Lim	ited Liatiliau Company
Title:		Name and Address:	_ <del></del>
"AMBR" = Authori	zed Member		SECRETARY OF STATE PALLAHASSEE FLORIDA
"MGR" = Manager		CAVERN BERKEL	EY
	<del></del>	1654 NE 160 ST	
	•	N. MIAMI BCH, F	L 33162
AMBR		CALISA BENYEI	EY
		1654 NE 160	557
		N. MIAMI BCH,	FL 33162
		·	
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(Use attachment if n	ecessary)		
A DOMESTIC DOMESTIC OF THE PERSON OF THE PER		of filing: 08/17/2015	(OPTIONAL)
ARTICLE V: Effective date,	the date must be spec	cific and cannot be more than five bu	(OPTIONAL)
the date of filing.)	the date must be spec	the and cannot be more than five bu	siness days prior to or 50 days after
	this block does not me	eet the applicable statutory filing requi	irements, this date will not be listed as
the document's effective date	on the Department of	f State's records.	
ARTICLE VI: Other provisio	ns ifanv		
	115, 11 dily.		
REQUIRED SIGN	ATURE.	7/0	
HIVOVIII DIGIT	AT ORLE.	A/	
		(14)	
		nder or an authorized representative	
		d in accordance with section 605.0203 information submitted in a document to	
		felony as provided for in s.817.155, F.	

215A BECKELEY
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)

ARTICLE IV-