L15000176896

(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:	
	EFF





200277533242

10/12/15--01010--022 **125.00

EFFECTIVE DATE 10/6/18



OCT 1 9 2015

S. GILBERT

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Tutoring of SW FL, LLC.		
SUBJECT		Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)) are submitted	for filing.
Please retu	m all correspondence concerning this	matter to the f	ollowing:
	Nancy McGinnis		
		Name of	Person
		Firm/Co	mpany
	7935 Airport Pulling Rd. N. #4243		
		Addre	ess
	Naples FL 34109		
1	rgtop66@aol.com	City/State and	I Zip Code
_	E-mail address: (to be u	sed for future a	nnual report notification)
For further in	nformation concerning this matter, pl	ease call:	
	Nancy McGinnis	239	455-3478
•	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$ 125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327	Ì	Division of Corporations Clifton Building
	Tallahassee, FL 32314		Cition Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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4	15 UCT 12 RALL -
[4]	LAMASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tutoring of SW FL, 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:	Mailing Address:
7935 Airport Pulling Rd. N #4243	7935 Airport Pulling Rd. N. #4243
Naples FL 34109	Naples FL 34109

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:

Nancy McGinnis		
	Name	
7935 Airport Pulling	g Rd. N. #4243	
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Naples	FL	34109
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

Title:	Name and Address:
"AMBR" = Authoriz	Member
"MGR" = Manager	Nones McCinnia
AMBR	Nancy McGinnis 7935 Airport Pulling Rd. N. #4243
	Naples FL 34109
	respect to 3 may
AMBR	Robert McGinnis
	7935 Airport Pulling Rd. N. #4243
	Naples FL 34109
MGR	Kristine Brewer
WOK	7935 Airport Pulling Rd. N. #4243
	Naples FL 34109
<u> </u>	
(Use attachment if no EV: Effective date, i	other than the date of filing: 10-6-15 (OPTIONAL)
E V: Effective date, in fective date is listed, the of filing.) The date inserted in the inserted in the date inserted date.	other than the date of filing: 10-6-15 (OPTIONAL) date must be specific and cannot be more than five business days prior to or so block does not meet the applicable statutory filing requirements, this date will a the Department of State's records.
E V: Effective date, in fective date is listed, the of filing.) If the date inserted in the	other than the date of filing:
E V: Effective date, in fective date is listed, the of filing.) If the date inserted in the inserted in the date inserted date. E VI: Other provision	other than the date of filing: 10-6-15 (OPTIONAL) e date must be specific and cannot be more than five business days prior to or as block does not meet the applicable statutory filing requirements, this date will in the Department of State's records.
E V: Effective date, i fective date is listed, t of filing.) If the date inserted in the timent's effective date E VI: Other provision REOUIRED SIGNA This l am	other than the date of filing:
E V: Effective date, i fective date is listed, t of filing.) If the date inserted in the timent's effective date E VI: Other provision REOUIRED SIGNA This l am	other than the date of filing: 10-6-15 (OPTIONAL) e date must be specific and cannot be more than five business days prior to on a block does not meet the applicable statutory filing requirements, this date will in the Department of State's records. If any. Signature of a member or an authorized representative of a member. Decument is executed in accordance with section 605.0203 (1) (b), Florida Statut ware that any false information submitted in a document to the Department of Statut.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)