

LIS 000 193346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

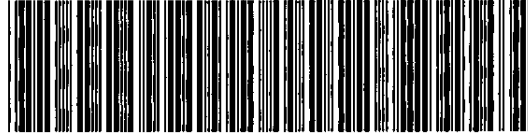
Special Instructions to Filing Officer:

Office Use Only

LIS 000 62384

NOV 18 2015

T. SCOTT



300276839003

09/09/15--01009--017 \*\*130.00

15 NOV -9 PM 2:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 NOV -9 PM 2:10

SEAL  
TALLAHASSEE, FLORIDA

September 21, 2015

ROBYN A MARINELLI  
2616 MAPLELOFT ROAD  
SARASOTA, FL 34232

SUBJECT: STUDENT SUCCESS STRATEGIES, LLC  
Ref. Number: W15000062384

We have received your document for STUDENT SUCCESS STRATEGIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 415A00019861

11/6/2015  
2:15 PM  
*Thank you for your assistance! I have highlighted  
and printed the MAR by my name.  
Robyn*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Student Success Strategies, 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:

Robyn A. Marinelli

\_\_\_\_\_  
Name of Person

Student Success Strategies, LLC

\_\_\_\_\_  
Firm/Company

2616 Mapleloft Road

\_\_\_\_\_  
Address

Sarasota, Florida 34232

\_\_\_\_\_  
City/State and Zip Code

robynmarinelli@comcast.net

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

For further information concerning this matter, please call:

Robyn A. Marinelli

941

737-5540

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Student Success Strategies, 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:

2616 Mapleloft Road

Sarasota, Florida 34232

Mailing Address:

2616 Mapleloft Road

Sarasota, Florida 34232

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:

Dana J. Watts

Name

1620 Main Street, Suite 1

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

Sarasota

Florida

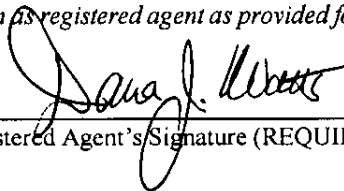
34236-5811

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)

15 NOV - 9 PM 2:30

**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 MGR

Registered Agent  
~~AMBR Registered Agent~~

**Name and Address:**

Robyn A. Marinelli  
2616 Mapleloft Road  
Sarasota, Florida 34232

Dana J. Watts  
1620 Main Street, Suite 1  
Sarasota, Florida 34236-5811

(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:**

Robyn A. Marinelli

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.

Robyn A. Marinelli

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)