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SECRE AND DE SIME ALLAHASSEE, ELOBINA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Learning Improvement Center, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Jan Wesley Beach
	Name of Person
	Learning Improvement Center, LLC
	Firm/Company
	5525 N Military Trail, #1304
	Address
	Boca Raton, FL 33496
	City/State and Zip Code
	mr.wesbeach@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Jan Wesley Beach 561 809-4985
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Stiling Fee \$\frac{130.00 \text{ Filing Fee & Certified Copy}}{\text{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

The name of the Limited Liab	ility Company is:			
Learning Improver	nent Center LLC			
		Liability Co	mpany, "L.L.C.," or "LLC.")
A. ATICLE II - Address: The mailing address and street	address of the principal of	fice of the L	imited Liability Company is:	
Princ	ipal Office Address:		Mailing A	<u>idress</u> :
5525 N Military Ti Boca raton, FL 334			5525 N Military Trail, #13 Boca Raton, FL 33496	04
(The Limited Liability Compa another business entity with a The name and the Florida street	n active Florida registration	າ.)	<u> </u>	
	Jan Wesley Beach	Name		
	EEOE NI Militama Turil	#1204		
	5525 N Military Trail. Florida street address		NOT acceptable)	
	Boca Raton, FL 33496	6	·	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the appo provisions of all statutes re- obligations of my position a	intment as relating to the spregistered	egistered agent and agree to a proper and complete perform	act in this capacity. I ance of my duties, and I
		CONTIN	(IFA)	75

Page 1 of 2

Title: "AMBR" = Author		Name and Address:
"MGR" = Manage: MGR	Γ	Jan Wesley Beach
MGK		5525 N Military Trail, #1304
		Boca Raton, FL 33496
		Doda Ratoli, 1 L 55 170
		
fective date is listed of filing.)	e, if other than the date of, the date must be spec	f filing: 11-23-2015 (OPTIONAL) ific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-