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(Re	questor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2015

LAURENT BOUKOBZA LAURENT BOUKKOBZA INTERNATIONAL PIANO 231 PRAIRIE DUNE WAY ORLANDO, FL 32828

SUBJECT: LAURENT BOUKOBZA INTERNATIONAL PIANO ACADEMY LLC

Ref. Number: W15000076892

We have received your document for LAURENT BOUKOBZA INTERNATIONAL PIANO ACADEMY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 715A00024885

## **COVER LETTER**

	Registration Section Division of Corporations	ı . •			
CHIDIEC	Laurent Boukobza International Pi	iano Academy	LLC		
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.		
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:		
	Laurent Boukobza				
		Name of	Person		
	Laurent Boukobza International Pia	no Academy L	LC		
		Firm/Co	npany	ericket in the second control of the second	
	231 Prairie Dune Way				
		Addre	ess	· · ·	
	Orlando, FL 32828				
	laurent.boukobza.pianist@gmail.com	City/State and	1 Zip Code		
	E-mail address: (to be u		nnual report notification	n)	
For further	information concerning this matter, ple	ease call:			
	Laurent Boukobza	407	256-1736		
	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	Certific	0 Filing Fee & ed Copy al 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
Laurent Boukobza International Piano Academy 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:		
231 Prairie Dune Way Orlando, FL 32828			231 Prairie Dune Way Orlando, FL 32828		
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:					
Laurent Boukobza					
Name					
231 963 Flotilla Club Drive					
Florida street address (P.O. Box NOT acceptable)					
	Indiant Harbor Beach	FL	32937		
	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)

Zip

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager N/A	<u>N</u> /A
AMBR	LAURENT BOUKORZA  963 FLOTICLA CIUB DRIVE TNOIAN HARBOR BETWEN FL 329 ? ?
NIA	-NIA
NIA	NIA
(Use attachment if necessary)	
the date of filing.)	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	<u>A</u>
REQUIRED SIGNATURE:	A All
This document is execute I am aware that any false	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Laurent Boukobza	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)