

LI60000004536

(Requestor's Name)

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(Address)

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☐ PICK-UP

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SECRET
FALLAHASSEE FLORIDA

15 DEC 28 AM 8:15

FILED

EFFECTIVE DATE 12/28/15

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

GARY HOWELL
6720 LUMBERJACK LANE
OCOE, FL 34761

SUBJECT: GBH ENTERPRISES, LLC
Ref. Number: W15000002688

We have received your document for GBH ENTERPRISES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00000797

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Teach To Dream, 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:

Christina Howell

Name of Person

Teach To Dream, LLC

Firm/Company

6720 Lumberjack Lane

Address

Ocoee, FL 34761

City/State and Zip Code

christina.howell@teachtodream.com

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

For further information concerning this matter, please call:

Christina Howell

407

421-1307

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

RECEIVED
15 DEC 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Teach To Dream, 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:

6720 Lumberjack Lane, Ocoee, FL 34761

Same

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:

Christina Howell

Name

6720 Lumberjack Lane

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

Ocoee

FL

34761

City

State

Zip

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-28-15 BY 60322

15 DEC 28 AM 8:15

FILED

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Christina Howell - MGR

Name and Address:

6720 Lumberjack Lane

Ocoee, FL 34761

Gary Howell - AMBR

6720 Lumberjack Lane

Ocoee, FL 34761

(Use attachment if necessary)

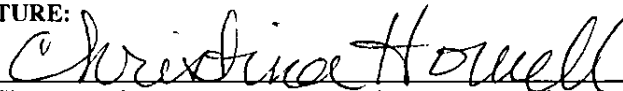
ARTICLE V: Effective date, if other than the date of filing: December 28, 2015 (OPTIONAL)

(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:



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.

Christina Howell

Typed or printed name of signer

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA