

L16000064689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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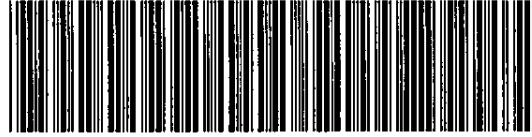
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 28 AM 10:51

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Epic Classical Academy of Carrollwood LLC  
Name of Limited Liability Company

16 MAR 28 AM 10: 51  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark H. Gotz

Name of Person

School Development Group Inc

Firm/Company

PO Box 881237

Address

Port Saint Lucie, Florida 34988

City/State and Zip Code

mgfl@aol.com

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

For further information concerning this matter, please call:

Mark H. Gotz                      954                      494-7433  
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:

Epic Classical Academy of Carrollwood 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:

154 NW Magnolia Lakes Blvd  
Port St. Lucie, Florida  
34986

PO Box 881237  
Port St. Lucie, Florida  
34988

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.)

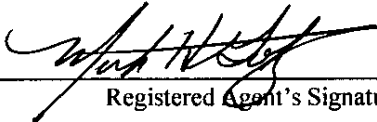
The name and the Florida street address of the registered agent are:

Mark H. Gotz  
Name

154 NW Magnolia Lakes Blvd  
Florida street address (P.O. Box NOT acceptable)

Port St. Lucie                      FL                      34986  
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)

16 MAR 28 AM 10:51

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DIVISION OF CORPORATIONS

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

Name and Address:

Mark H. Gotz

PO Box 881237

Port St. Lucie, FL 34988

MGR

Epic Classical Academies LLC

PO Box 881237

Port St. Lucie, Florida 34988

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (OPTIONAL)

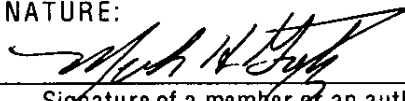
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:



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.

Mark H. Gotz

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)

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DIVISION OF CORPORATIONS  
SECRETARY OF STATE