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TARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2016

YALONDA JOSEPH 547 CONSTITUTION DR. ORLANDO, FL 32809

SUBJECT: COMMON CONNECTIONS EDUCATIONAL CONSULTING, LLC

Ref. Number: W16000030886

We have received your document for COMMON CONNECTIONS EDUCATIONAL CONSULTING, 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):

The document must contain the usual business addresses of its managing members or managers.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 216A00008653

SECRETARY OF STATE

mections Educational Consulting, LLC TO: **Registration Section Division of Corporations** Common Connections Educational Consulting, LLC SUBJECT: 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:

Yalonda Joseph		5
	Name of Person	
Common Connections Edu	cational Consulting, LLC	20
	Firm/Company	
547 Constitution Dr		20 PH 5: 37
	Address	
Orlando, FL 32809		
**************************************	City/State and Zip Code	
Yalondaj5@gmail.com	and CCE Consulting 1 e	egmail.com
E-mail address:	(to be used for future annual report notification)	

For further information concerning this matter, please call:

Yalonda Joseph	407	860-9042	
	_at ()	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

\$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:

	ns Educational Consulting		
(Must end	with the words "Limited I	iability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street a	ddress of the principal off	ice of the Limited	Liability Company is:
<u>Princip</u>	at Office Address:		Mailing Address:
547 Constitution Dr.	, Orlando, FL 32809	PO I	Box 690163, Orlando, FL 32869
The Limited Liability Company	cannot serve as its own F	legistered Agent.	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an	cannot serve as its own F active Florida registration	legistered Agent. '	
The Eimited Liability Company nother business entity with an	cannot serve as its own F active Florida registration	legistered Agent. '	
The Eimited Liability Company nother business entity with an	cannot serve as its own Factive Florida registration address of the registered a	legistered Agent. '	
The Eimited Liability Company nother business entity with an	cannot serve as its own Factive Florida registration address of the registered a	legistered Agent. '	
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	y cannot serve as its own F active Florida registration address of the registered a Yalonda Joseph	legistered Agent. \) agent are: Name	You must designate an individual or
The Eimited Liability Company mother business entity with an	y cannot serve as its own Factive Florida registration address of the registered a Yalonda Joseph 547 Constitution Dr	legistered Agent. \) agent are: Name	You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 MPR 20 PH 5: 37

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager		
Manager	Yalonda M. G. Joseph	
	547 Constitution Dr	
	Orlando, FL 32809	
(Use attachment if neces	sary);	
of filing.) The date inserted in this liment's effective date on the	date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	•
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