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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W16W41861

JUN 20 2016

T. SCOTT



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16 JUN 17 AM 11:25

RECEIVED  
DIVISION OF CERTIFICATES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2016

VERNITA Y COLEMAN  
6901 N MAIN ST  
JACKSONVILLE, FL 32218

SUBJECT: GOLDENROADS EDUCATION AND PREVENTION ACADEMY, LLC  
Ref. Number: W16000041861

We have received your document for GOLDENROADS EDUCATION AND PREVENTION ACADEMY, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 216A00012101

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GoldenRoads Education and Prevention Academy  
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:

Vernita Y. Coleman

Name of Person

GoldenRoads Education and Prevention Academy

Firm/Company

6901 N. Main St.

Address

Jacksonville, Florida 32218

City/State and Zip Code

vrc@goldenroads.net

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

For further information concerning this matter, please call:

Vernita Y. Coleman

904

444-2882

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:

GoldenRoads Education and Prevention 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:

6901 N. Main Street

1063 Seattle Slew Ln

Jacksonville, FL 32208

Jacksonville, Florida 32218

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:

Vernita Y. Coleman

Name

6901 N. Main Street

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

Jacksonville

Florida

32208

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.*

Vernita Y. Coleman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
DIVISION OF CORPORATE SERVICES

**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:**

Vernita Y. Coleman

6901 N. Main Street

Jacksonville, Florida 32208

(Use attachment if necessary)

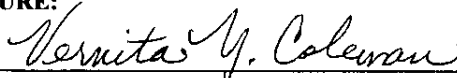
**ARTICLE V:** Effective date, if other than the date of filing: 05/13/2016. (OPTIONAL)

(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.

Vernita Y. Coleman

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)