

L16000146699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

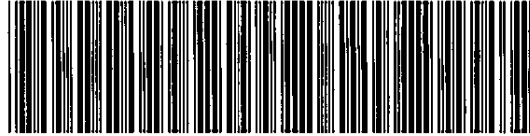
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900287517349

07/06/16--01003--022 \*\*125.00

2016 JUL -6 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2016

CAROL SHAVER  
LELAND MANAGEMENT INC  
6972 LAKE GLORIDA BLVD  
ORLANDO, FL 32809

SUBJECT: COMMUNITY EDUCATION UNIVERSITY, LLC  
Ref. Number: W16000049780

2016 JUL -6 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*United*

We have received your document for COMMUNITY EDUCATION UNIVERSITY, 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):

Written approval and clearance of the terms "UNIVERSITY" and "COLLEGE" must be obtained from the Department of Education, pursuant to section 1005.03, Florida Statutes. The address is :

Commission of Independent Education  
Florida Department of Education  
325 W. Gaines St., Suite 1414  
Tallahassee, FL 32399-0400  
(850) 245-3200

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 416A00014991

RECEIVED

16 AUG -1 PM 3:53

RECEIVED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMUNITY Education UNITED, 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:

CAROL SHAYER

Name of Person

Leland Management Inc

Firm/Company

6972 LAKE GLORIA Blvd

Address

ORLANDO, FL 32809

City/State and Zip Code

C.SHAYER@lelandmanagement.com

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

For further information concerning this matter, please call:

CAROL SHAYER

Name of Person

at (

407

Area Code

447-9955 EXT 1113

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

2016 JUL -6 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMUNITY EDUCATION UNITED 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:

6972 LAKE GLORIA BLVD

ORLANDO, FL 32809

Mailing Address:

6972 LAKE GLORIA BLVD

ORLANDO, FL 32809

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:

CAROL SHAYER

Name

6972 LAKE GLORIA BLVD

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

ORLANDO, FL 32809

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..*

Carol Shayer

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

MGR

**Name and Address:**

RAD FAMILY HOLDINGS, LLC  
4940 OAK ISLAND ROAD  
ORLANDO, FL 32809

2016 JUL -6 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the 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:**

x David A. Furlow

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.

DAVID A. FURLOW

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)