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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT:	Math ADDrantage Tutoring Loc Name of Limited Liability Company	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please return	m all correspondence concerning this matter to the following:	
	Kathy Nolan Name of Person	
	Name of Person	
	Math ADD vartage Tutoring Firm/Company	_
	and the second s	17 T.1
	303 Main Street, #821	· . † † — () †
	nutress on	
	Safety Harbor, FL 34695	. 프립 - 프립
_	Safety Harbor, FL 34695 City/State and Zip Code info @ Math ADD vartage Tutoring. com 5 E-mail address: (to be used for future annual report notification)	TATE .ORIO/ _
	E-mail address: (to be used for future annual report notification)	
For further in	nformation concerning this matter, please call:	
-	Kathy Nolanat (727) 888-3910 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:	
\$125.00 Fi	Siling Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	&
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Math ADDyantage (Must end with the words "Limited Liability C	Tutoring LLC Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the			
Principal Office Address:	Mailing Address:		
303 Main St, #821 Safety Harbor, FC	303 Main St. #	821	
Satety Harbor, FC 346950	303 Main St. # Safety Harbor, Fl 34695		
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		al or	
The name and the Florida street address of the registered agent are:			
Kathy Nola	<u>n</u>		
507 Longfo	x NOT acceptable)		
Florida street address (P.O. Bo	x NOT acceptable)		
Safety Har	box C1 34095		
OCT CITY TIME	bov, FL 34695 e Zip		
City O State	e Zip		
Having been named as registered agent and to accept service of proceed place designated in this certificate, I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to tam familiar with and accept the obligations of my position as register	s registered agent and agree to act in thi he proper and complete performance of	is capacity. I my duties, and	
Km	t's Signature (REQUIRED)		
Registered Agen	t s Signature (REQUIRED)		
(CONT	INUED)	5 15 15	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
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RECUIRED 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. KATHY NOLAH Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized Member	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: Copyright (OPTIONAL) Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) It he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. LE 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. KATHY NOLAN Typed or printed name of signee Eiling Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	"MGR" = Manager		
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ARTICLE IV-