

LU6000173276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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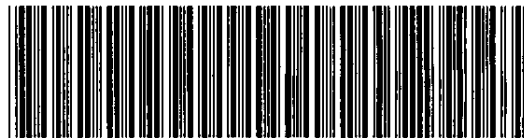
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 SEP 12 AM 10:00
1710 2016 12 10 00

J. FASON

SEP 12 2016

Robert and Sharon Alexander
3120 N Highway A1A #903
Fort Pierce, FL 34949
(407) 497-1102 or (407) 808-8615

Dear Sir/Madam:

Please accept the enclosed Articles of Organization for SAT ACT Wizard, LLC.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Alexander', written in a cursive style.

Robert J. Alexander

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAT ACT Wizard, 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:

3120 N Highway A1A

Same

#903

Fort Pierce, FL 34949

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:

Robert J Alexander

Name

3120 N Highway A1A, #903

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

Ft. Pierce

FL

34949

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)

FILED
16 SEP 12 AM 7:23
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HIGHLAND, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Robert Alexander

3120 N Highway A1A #903

Fort Pierce, FL 34949

AMBR

Sharon Alexander

3120 N Highway A1A #903

Fort Pierce, FL 34949

AMBR

Derek Alexander

7693 SW 57th Lane #161

Gainesville, FL 32608

AMBR

Kristin A. Tillman

3850 16th SE

Naples, FL 34117

(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.

October 1, 2016

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.

Robert J Alexander

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)