

L16000177602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

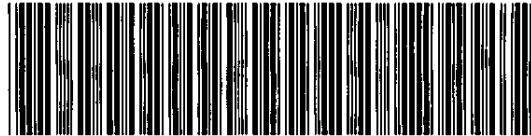
(Business Entity Name)

(Document Number)

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

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*Handwritten:* 116-617603

RECEIVED  
16 SEP 15 AM 8:39  
FBI/ARIZONA  
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T HENDERSON

SEP 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2016

DR. CLIFFORD GRAHAM, PMP, CSM  
2450 SE ADDISON ST  
PORT ST LUCIE, FL 34984

SUBJECT: SCHOLASTIX, LLC  
Ref. Number: W16000061763

We have received your document for SCHOLASTIX, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 116A00019074

16 SEP 15 AM 6:39

16 SEP 15 PM 1:34

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scholastix  
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:

Dr. Clifford Graham, PMP, CSM

Name of Person

ScholastiX

Firm/Company

2450 SE Addison St

Address

Port St Lucie, FL 34984

City/State and Zip Code

cgraham0813@gmail.com

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

For further information concerning this matter, please call:

Dr. Clifford Graham      908      578-8234  
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

REF: W16 0000 61763

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHOLASTIX, 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:

2450 SE ADDISON ST  
PORT ST LUCIE  
FL 34984

2450 SE ADDISON ST  
PORT ST LUCIE  
FL 34984

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:

LORNA GRAHAM

Name

2450 SE ADDISON ST.

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

PORT SAINT LUCIE, FLORIDA 34984

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.

L. Graham

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

REF: W16 0000 61763

**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:**

DR. CLIFFORD GRAHAM, PMP, CSM

2450 SE ADDISON ST

PORT ST LUCIE, FL 34984

(Use attachment if necessary)

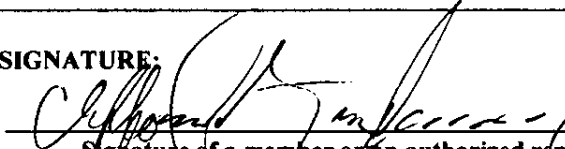
**ARTICLE V:** Effective date, if other than the date of filing: AUG 14, 2016 (OPTIONAL)

(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.

DR. CLIFFORD GRAHAM, PMP, CSM

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)

REF: W16 000061763

16 SEP 15 AM 8:39  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
RECORDS