

21600195464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

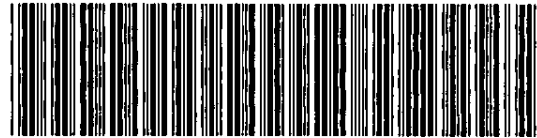
(Business Entity Name)

(Document Number)

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

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16 OCT 21 PM 3:24

RECEIVED  
FEB 1 2016  
FEB 1 2016

M. MOON  
OCT 21 2016

**Charlene Jacobs-Robinson**

**PO Box 1587**

**High Springs, FL 32655**

October 18, 2016

Amendment/New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Setup of new LLC

To Whom It May Concern:

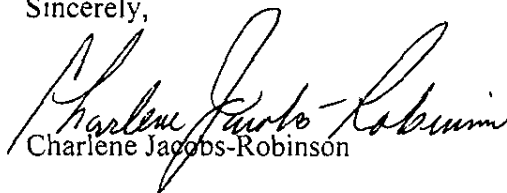
My not-for-profit corporation was recently administratively dissolved. I would like to file a new limited liability company using the same name as my not for profit, Building Dreams Child Care and Learning Center.

Please find enclosed Articles of Organization for the setup of a new limited liability company along with the filing fee.

It is my request that I be able to use the same name, Building Dreams Child Care and Learning Center for my new limited liability company. Please accept this letter as my permission to do so.

If you have any questions or concerns, please do not hesitate to contact me at 352-538-0825.

Sincerely,

  
Charlene Jacobs-Robinson

Enclosures as noted

*\* Please  
Rush  
If Possible*

16 OCT 21 PM 3:24

FILED  
STATE  
TALLAHASSEE  
FBI

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Building Dreams Child Care and Learning Center, 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:

Summer L. McLaughlin

Name of Person

Grunder & Petteway, P.A.

Firm/Company

23349 NW CR 236, Suite 10

Address

High Springs, FL 32643

City/State and Zip Code

blescr7@gmail.com

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

For further information concerning this matter, please call:

Summer L. McLaughlin 386 454-1298  
Name of Person at ( ) 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:

Building Dreams Child Care and Learning Center, 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:**

12981 NW US HWY 441  
Alachua, FL 32615

**Mailing Address:**

PO Box 1587  
High Springs, FL 32655

**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:

Charlene Jacobs-Robinson

Name

12981 NW US HWY 441

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

Alachua

FL

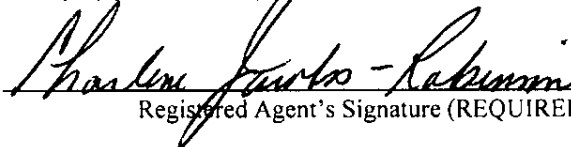
32615

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)

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REC'D  
DATE  
TIME

**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:**

Charlene Jacobs-Robinson

12981 NW US HWY 441

Alachua, FL 32615

(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:**



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.

Charlene Jacobs-Robinson

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)

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FILED  
TODAY