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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	Division of Corporations			
SUBJECT	READING REACHERS, LLC			
oobuce1	Name of Limited Liability Company			
The enclos	osed Articles of Organization and fee(s) are submitted for filing.			
Please retu	eturn all correspondence concerning this matter to the following:			
	VINCENT R. FINLAY			
	Name of Person			
	SCIENCE AND BUSINESS INSTITUTE, INC.			
	Firm/Company	.		
	19400 NW 18 COURT			
	Address			
	MIAMI GARDENS, FL 33056			
	City/State and Zip Code vincesciencebiz@bellsouth.net			
	E-mail address: (to be used for future annual report notification)			
For further i	r information concerning this matter, please call:			
	VINCENT R. FINLAY 305 623-8538 at ()			
	Name of Person Area Code Daytime Telephone Number			
Enclosed i	d is a check for the following amount:			
\$125.00 F	Certificate of Status — Certified Copy —	00 Filing Fee, icate of Status & ied Copy nal 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

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The name of the Limited Liability Company is:

READING REACHERS, 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:

18451 NW 37 AVE., SUITE 267

MIAMI GARDENS, FL 33056

18451 NW 37 AVE., SUITE 267 MIAMI GARDENS, FL 33056

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:

YOLANDA HEAD

Name

18451 NW 37 AVE., SUITE 267

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

MIAMI GARDENS

FL

33056

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)

Page 1 of 2

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	YOLANDA HEAD 18451 NW 37 AVE., SUITE 267 MIAMI GARDENS, FL 33056
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. 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)

Page 2 of 2

SECRETARY OF STATE