

L17000042322

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Tutor by tutors

M. MOON  
FEB 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2017

ROSALIA HODGSON  
17021 SW 139 PL  
MIAMI, FL 33177

SUBJECT: TUTOR BY TUTORS  
Ref. Number: W17000004368

We have received your document for TUTOR BY TUTORS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the document you have submitted is incomplete or missing pages. Please resubmit the completed and whole document to our office in order for us to process your request.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 017A00001128

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tutor by Tutors  
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:

Rosalia Hodgson / Elaine Lee McPherson  
Name of Person

Tutor by Tutors  
Firm/Company

17021 SW 139 PL Miami, 33177.  
Address

Miami, FL, 33177.  
City/State and Zip Code

rosihodgv@hotmail.com / eleemac@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Lee - McPherson 786-925-7071  
Rosalia Hodgson at ( ) 786-566-3312  
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  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration 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:

Tutor by Tutors 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:

12635 SW 219 St

miami FL 33170.

Mailing Address:

17021 SW 139 PL, Miami, FL, 33177

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:

Elaine Lee Mc Pherson

Name

12635 SW 219 St

Miami, FL, 33170

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

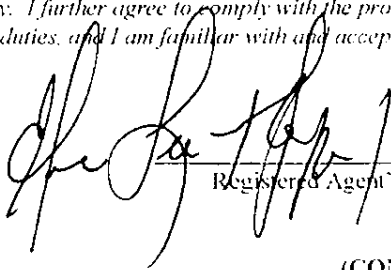
Miami

City

FL

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Elaine Lee McPherson  
12635 SW 219 ST  
Miami, FL, 33170

MGR

MGR

Rosalia Hodgson  
17021 SW 139 PL  
Miami, FL, 33177

(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.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

Rosalia Hodgson

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)