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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DENNIS L. HORTON, P.A.

Account Number : I2000000172 Phone : (352)394-4008 Fax Number : (352)394-5805

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. EDUCATIONAL SERVICES AND CONSULTING, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF EDUCATIONAL SERVICES AND CONSULTING, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is EDUCATIONAL SERVICES AND CONSULTING, 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:

3678 Rollingbrook Street Clermont, FL 34711

3678 Rollingbrook Street Clermont, FL 34711

ARTICLE III Purpose

The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers which are afforded limited liability companies under the laws of the State of Florida.

ARTICLE IV Duration

The duration of this limited liability company shall be perpetual.

ARTICLE V Initial Members

The number of members of this limited liability company is two (2).

MARCH

, 2017.

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ARTICLE VI Management

This limited liability company will be managed by the following: CINDY H. ZIMMERMAN, 3678 Rollingbrook Street, Clermont, FL 34711, AMBR/MGR.

ARTICLE VII REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the initial registered agent are CINDY H. ZIMMERMAN, 3678 Rollingbrook Street, Clermont, FL 34711.

ARTICLE VIII COMMENCEMENT OF EXISTENCE

This limited liability company shall commence its existence on the 15 day of

			•								
	IN WITNESS	WHEREOF	, I have sig	med the	se Articl	es of O	rganiza	tion as	anjaun	horiz	ed
represe	IN WITNESS intative of a	member and	d acknowle	edged t	hem to	be m	y act	this _	<u>15</u>	day	of
	MARCH	, 2017.									
											

(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.)

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STATE OF PENNSYLVANIA COUNTY OF ______

The foregoing instrument was acknowledged before me on the 15th day of March 2017, by CINDY H. ZIMMERMAN, as Member/Manager of EDUCATIONAL SERVICES AND CONSULTING, LLC, who produced

Pr. Driver's Lacence for identification.

Notary Public - State of Pennsylvania

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Nary M. Woodring, Notary Public Taylor Twp., Centre County
My Commission Expires Nov. 5, 2018
MENBER, PENERYLVANIA ASSOCIATION OF BOTARIES

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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