

L17000152857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

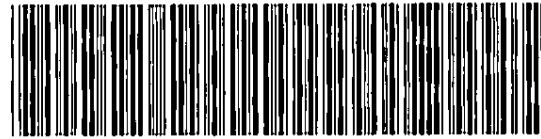
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REGISTRATIONS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Specialized Education Associates 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:

Elizabeth A. Wilson
Name of Person

Firm/Company

2652 S Hannon Hill Dr.
Address

Tallahassee Fl. 32309
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
Specialized Education Associates, LLC

ARTICLE II

The street address of the Principal Office of the Limited Liability Company is:

2652 South Hannon Hill Drive
Tallahassee, Florida 32309

The mailing address of the Limited Liability Company is:

2652 South Hannon Hill Drive
Tallahassee, Florida 32309

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
Any and all lawful business.

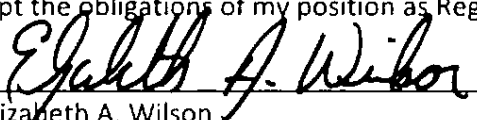
ARTICLE IV

The name and Florida street address of the Registered Agent is:

Elizabeth A. Wilson
2652 South Hannon Hill Drive
Tallahassee, Florida 32309

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

Registered Agent signature:


Elizabeth A. Wilson

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ARTICLE V

The names and addresses of managing members/managers are:

Title: MGR

ELIZABETH A. WILSON

2652 South Hannon Hill Drive

Tallahassee, FL 32309

Title: MGR

EILEEN M. BISCHOF

3909 Reserve Drive, #1211

Tallahassee, FL 32311

Signature of Member or an authorized representative of a Member:

A handwritten signature in black ink, appearing to read "E. Bischof", written over a horizontal line.

Eileen M. Bischof, MGR