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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Speech and Teach 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:
Sherri Beach
Name of Person
Speech and Teach LLC
Firm/Company
703 Marotta Loop
Address
Occee, Fl. 34761 City/State and Zip Code
City/State and Zip Code
Sherribeach 323 Organail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherri Beach at 813, 334-9055
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:						
	Speech a	and To	each	LLC.			
(Must conta	in the words "Limited Li				, 		
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Limite	d Liability Con	npany is:			
Principa	l Office Address:		<u>M:</u>	ailing Address:			
	rotta Lup	<u></u>	10 Box	Helbyllo He springs	5.FL.	3a 1	716
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own R	egistered Agent.					
The name and the Florida street a	ddress of the registered a	gent are:	ch		SECRETAR'I	2018 NOV 19	
		Name			ASS.	19	
	703 1	Marott	a Lou	AP			\Box
	Florida street address (P.O. Box NOT	acceptable)		T. C.	H 12	D
	Ocoee	FL	347	Le 1		PM 12: 4:	
	City	State	Zip			ယ	
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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)

"MGR" = M:	Authorized Member anager		
MGR		Sherri Beach 702 Marotta, Losp Ocoee, Fl. 341761	Mailing addres ROBON MOIBUR Altamonte Spri Florida, 32711
(Use attachm	nent if necessary)	(01/01/2019) 2016 JANUARA 1 2019	APTIONAL A
n effective date is late of filing.) e: If the date inse	isted, the date must be sp rted in this block does not rive date on the Department	meet the applicable statutory filing requirements,	•
n effective date is late of filing.) e: If the date inserdocument's effective CICLE VI: Other p	isted, the date must be sp rted in this block does not rive date on the Department	pecific and cannot be more than five business da meet the applicable statutory filing requirements,	ys prior to or 90 days after
n effective date is late of filing.) e: If the date inserdocument's effective CICLE VI: Other p	rted in this block does not rive date on the Department provisions, if any. SIGNATURE:	meet the applicable statutory filing requirements, of State's records.	this date will not be listed as
n effective date is late of filing.) e: If the date inserdocument's effective CICLE VI: Other p	rted in this block does not revive date on the Department provisions, if any. SIGNATURE: Signature of a match this document is executed an aware that any false.	pecific and cannot be more than five business da meet the applicable statutory filing requirements,	this date will not be listed as Section 1

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

ARTICLE IV-