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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Language Institute of A	Tueida, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rebeces Turk Name of Person	· · · · · · · · · · · · · · · · · · ·
2025 Sandcastle De. Address	
Tallahassec, FL, 32308  City/State and Zip Code  rebeccatur KO the language inst  E-mail address: (to be used for futile annual report r	rituenow.com
For further information concerning this matter, please call:	
Rebecca Turk at (150) 570- Name of Person Area Code Daytime T	- 7575 elephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{S155.00 Filing Fee & Certified Copy} \\ (additional copy is enc.)	Certificate of Status &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CP.O. Box 6327Clifton BuildTallahassee, Fl. 323142661 ExecutiTallahassee,Tallahassee,	ection forporations ing ve Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	am-	ť:
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The name of the Limited Liability Company is:

The Language Institute of Florida, LUC
(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2025 Sandrastle Dr.	7025 Sandcastle Dr. Tallahassee Fr
Tallahasee a	Tallahacsee Fr
32308	

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:

Rebecca	TUEK			
	Name			
2025 Sa	ndcastle	Dk		
Florida street address (P.O. Box NOT acceptable)				
Tallamesce	FL	32368		
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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Roberta R. Tokk Typed or printed name of signee

Filing Fees:

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

ARTICLE IV-

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