

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000007931 3)))



H200000079313ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MORAN KIDD LYONS JOHNSON, P.A.
Account Number : I20000000003
Phone : (407)841-4141
Fax Number : (407)841-4148

FILED
2020 JAN -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Cparkinson@morankidd.com

**FLORIDA LIMITED LIABILITY CO.
OUTSOURCE SCHOOL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
2020 JAN -8 PM 1:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

((H20000007931 3)))

FILED
2020 JAN -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
OUTSOURCE SCHOOL, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I

Name. The name of the limited liability company shall be OUTSOURCE SCHOOL, LLC ("Company").

ARTICLE II

Address. The mailing address and street address of the principal office of the Company shall be 2628 Passamonte Drive, Winter Park, Florida 32792.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 N. Orange Avenue, Suite 900, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is CHRISTOPHER R. PARKINSON, ESQUIRE.

ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

ADDRESS

Nathan Hirsch

2628 Passamonte Drive
Winter Park, FL 32792

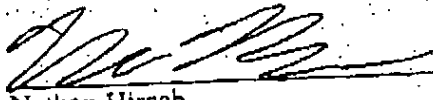
Connor Gillivan

1598 Cook Street
Denver, CO 80206

((H20000007931 3)))

(((H20000007931 3)))

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 8th day of January, 2020.



Nathan Hirsch
Manager

FILED
2020 JAN - 8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

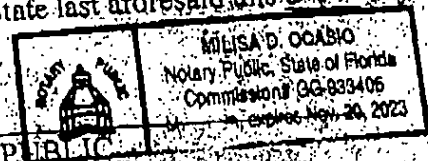
STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared NATHAN HIRSCH, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 08 day of January, 2020.



NOTARY PUBLIC



(((H20000007931 3)))

((H20000007931 3)))

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

OUTSOURCE SCHOOL, LLC

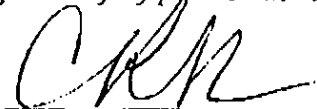
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is OUTSOURCE SCHOOL, LLC
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

CHRISTOPHER R. PARKINSON, ESQUIRE
111 N. Orange Avenue, Suite 900
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.



Christopher R. Parkinson

January 8, 2020.

FILED
2020 JAN -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H20000007931 3)))