3/23/2020

Figure 1 on Special Compositions Figure 2 on Special Compositions Figure

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO.

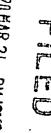
Plambeck Academy LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the similed Liability Company is:

Plambeck Academy LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "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		
dr w	1919 veterans memorial blvd		

4616,34th dr W	1919 veterans memoriai bivit			
bradenton (1	ste 200			
34210	kenner la 70062			

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:

C T Corporation System Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida Zip City State

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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 agen! as provided for in Chapter 605, F.S.,

Lisa Dubois - Assistant Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

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73			Lι	-1	17-

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

Tillei	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
mgr	michael plambeck
	4907 64th dr w
	bradenton fl 34210
	
	And the state of t
	
	-
(Use attachment if necessary)	
• •	0 01 -0
ARTICLE V: Effective date, if other than the	e date of filing: 3. 23 - 20 (OPTIONAL)
If an effective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	be specific and cambe be more than five business days prior to or 50 days after
	not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	more of State's records
the occument 3 effective date on the Depart	ment of State 8 fectius.
ARTICLE VI: Other provisions, if any.	
provisions, it any.	<u>.</u>
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DPOLUDED CLOSE TUDE	1 0
REQUIRED SIGNATURE:	7 // On 1 /
111 ,014	MAN LIND
10,000	Maria Comment
Signature of	a member or an authorized representative of a member.
This document is e	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

Filing Fees:

1 Kent Plamberk Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)