

L20000103 354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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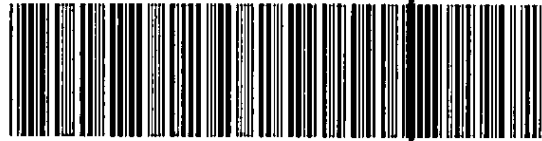
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/16/20--01040--003 \*\*160.00

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CLERK OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Summers Educational Coaching, 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:

Susan Summers Persis  
Name of Person

Firm/Company

Three Tidewater Drive  
Address

Ormond Beach Florida 32174  
City/State and Zip Code

spersis@cfl.rr.com

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

For further information concerning this matter, please call:

Susan Persis at (386) 299-0404  
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

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)



Susan S Persis  
Carl G Persis  
3 Tidewater Dr  
Ormond Beach, FL 32174-4295

03-12-2020

PAY TO THE  
ORDER OF

Florida Department of State \$ 160.00  
One Hundred Sixty and 00/100 DOLLARS

BANK OF AMERICA

ACH R/T 063100277

FOR LLC Application

Susan Summers

0063000042: 880651855110785

SECRETARY OF STATE  
TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Summers Educational Coaching, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

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

## Principal Office Address:

Three Tidewater Drive  
Ormond Beach, FL 32174

## Mailing Address:

Three Tidewater Drive  
Ormond Beach, FL 32174

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Susan Summers Persis

Name

Three Tidewater DriveFlorida street address (P.O. Box NOT acceptable)Ormond Beach, FL 32174

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, and in place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and obligations with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Susan Summers Persis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRSusan Summers Persis  
Three Tidewater Drive  
Ormond Beach, FL 32174

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this entry will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Susan Summers PersisSignature of a member or an authorized representative of a member.  
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 s. 317.155, F.S.Susan Summers Persis

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 50.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAR 16 PM 3:08

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