

10/9/2020

Division of Corporations

L20000311664

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

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FLORIDA LIMITED LIABILITY CO.
ANTHONY KRUPP TUTORING, LLC.

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FLORIDA
DEPARTMENT OF
STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ANTHONY KRUPP TUTORING, 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:
ANTHONY KRUPP TUTORING, LLC. 5321 SW 67th Ave, Miami, FL 33155	ANTHONY KRUPP TUTORING, LLC. 5321 SW 67th Ave, Miami, FL 33155

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:

Name: ANTHONY KRUPP

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

ANTHONY KRUPP TUTORING, LLC.
5321 SW 67th Ave, Miami, FL 33155

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.



ANTHONY KRUPP
Registered Agent's Signature (REQUIRED)

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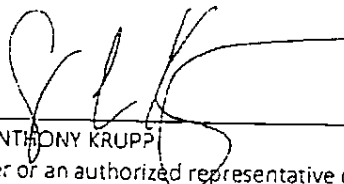
ARTICLE IV – Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	ANTHONY KRUPP ANTHONY KRUPP TUTORING, LLC. 5321 SW 67th Ave, Miami, FL 33155

ARTICLE V – Effective date, if other than the date of filing: N/A (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.)

REQUIRED SIGNATURE:



ANTHONY KRUPP
(Signature of a member or an authorized representative of a member.)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. 817.155, F.S.)

ANTHONY KRUPP
Typed or Printed Name of Signee

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