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# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2021

PATRICIA MIKE 5905 HEVENA CT PALMETTO, FL 34221

SUBJECT: LEARNING WITH MRS. MIKE

Ref. Number: W21000099407

We have received your document for LEARNING WITH MRS. MIKE and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 021A00017507

2021 AUG -6 PH 4: 57

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2021

PATRICIA MIKE 5905 HEVENA CT PALMETTO, FL 34221

SUBJECT: LEARNING WITH MRS. MIKE

Ref. Number: W21000099407

We have received your document for LEARNING WITH MRS. MIKE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko Regulatory Specialist II

Letter Number: 821A00015948



June 23, 2021

PATRICIA MIKE 5905 HEVENA CT PALMETTO, FL 34221

SUBJECT: LEARNING WITH MRS. MIKE

Ref. Number: W21000091156

We have received your document for LEARNING WITH MRS. MIKE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko Regulatory Specialist II

Letter Number: 121A00014262

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# COVER LETTER

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Tallahassee. FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Learning With Mrs. Mike, L.L.C.		
(Must conatin the words "Limited Liabi	lity Company. "L.L.C" or "LLC."	)
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company i	is:
Principal Office Address:	Mailing.	Address:
5905 Hevena Ct.	5905 Hevena Ct.	
Palmetto FL 34221	Palmetto 34221	<u>FL</u>
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate a	un individual or
The name and the Florida street address of the registered ager	nt are:	
Patricia Mike		
Nai	ne	_

5905 Hevena Ct.

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

Palmetto FL 34221

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 statings 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 (HEQUIRED)

(CONTINUED)

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### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Patricia R Mike
AWIDIC	5905 Hevena Ct. Palmetto, Fl 34221
	5705 Hevena Ct. Faimetto, 1154221
<del></del>	
	<u> </u>
(Use attachment if necessary)	
	- Table 1
	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must line date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	, , ,
the document 3 effective date on the Depart.	nem of state steerius.
ARTICLE VI: Other provisions, if any.	
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REQUIRED SIGNATURE: //	4 1/1
4	Mua 11. 180
Signature of	a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.  If also information submitted in a document to the Department of State
constitutes a third of	legree felony as provided for in s.817.155, F.S.
<u>Patricia M</u>	like
<del></del>	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)
- \$ 5.00 Certificate of Status (Optional)

# ATTACHMENT TO ARTICLES OF ORGANIZATION:

Purpose:

1. Student Tutoring

FILED PH 4: 50