

L21000449237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

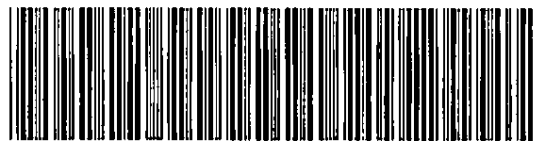
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✓

October 6, 2021

Florida Department of State

Division of Corporations

We, Brian Wohlwend and David Ramos, of Riverview, Florida MAKE OATH AND SAY THAT the incorporator and founders of Next Steps Learning Inc (Non-Profit Corporation) have no intentions of revoking the dissolution of the corporation. We now RELEASE the name to Next Steps Learning LLC to be filed.

DRRS

David Ramos

President

10/06/2021

Date

B Wohlwend

Brian Wohlwend

Vice President

10/6/21

Date

Tracy L Boisen
10/6/21



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Next Steps Learning 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:

Brian Wohlwend

Name of Person

Next Steps Learning LLC

Firm/Company

12205 Wildbrook Dr

Address

Riverview, FL 33569

City/State and Zip Code

brian.wohlwend@nextstepslearning.com

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

For further information concerning this matter, please call:

Brian Wohlwend

813

748-2477

at (_____) _____

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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Next Steps Learning LLC

(Must contain 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:

12205 Wildbrook Dr

Riverview, FL 33569

12205 Wildbrook Dr

Riverview, FL 33569

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:

Brian Wohlwend

Name

12205 Wildbrook Dr

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

Riverview

Florida

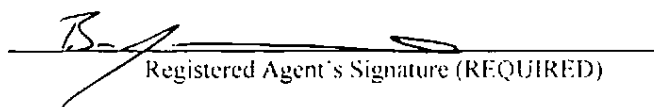
33569

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 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 OCT 13 AM 11:15

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Brian Wohlwend
12205 Wildbrook Dr
Riverview, Florida 33569

MGR

David Ramos
12912 Brookcrest Place
Riverview, Florida 33578

MGR

Steven Wohlwend
12205 Wildbrook Dr
Riverview, Florida 33569

(Use attachment if necessary)

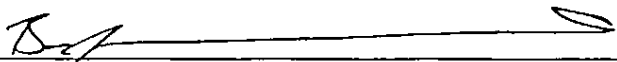
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 date 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:



Signature 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.817.155, F.S.

Brian Wohlwend

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)