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SECRETARY OF STATE DIVISION OF CORPORATION 25 PM 3: 52

COVER LETTER

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	ew Filing Sec ivision of Co				
SUBJECT	L&D Educ	ators LLC			
SOBJECT	•	Name	of Limited Li	ability Company	
The enclos	ed Anicles of	Organization and fe	e(s) are submi	itted for filing.	
Please retu	rn all correspo	ondence concerning	this matter to	the following:	
	David Wern	ikoff			
			Nam	e of Person	
	L&D Educat	ors LLC			
			Firm	v/Company	
	7881 Waterf	ord Isles Lane			
	-	-	٠,	Address	
	Delray Beac	h Florida 33446			
1	wemikof@gr	nail.com	City/Stat	e and Zip Code	
<u>.</u>			e used for futi	are annual report notifica	ntion)
For further in	nformation co	ncerning this matter.	, please call;		
	Linda Wernil	coff*	631 _at (988-6484	
•	Nam	e of Person		le Daytime Telepho	one Number
Enclosed is	a check for the	he following amount			
■\$125.00		□\$130.00 Filing Certificate of Stat	Fee & 🗆	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE ; AUTHORIZATION : (1 COST LIMIT : \$ 125.00 ORDER DATE: August 24, 2022 ORDER TIME : 1:39 PM ORDER NO. : 904378-005 CUSTOMER NO: 8390061 DOMESTIC FILING NAME: L&D EDUCATORS LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			
L&D Educators LLC				_
(Must conal	tin the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal o	office of the Li	mited Liability Company is:	
-				
<u>Principa</u>	<u>il Office Address</u> :		Mailing Address:	
7881 Waterford Isles	Lane Delray Beach 33-	446	7881 Waterford Isles Lane Delray Beach	
		<u></u>	33446	<u>-</u>
	_ 			_
ARTICLE III - Registered Age	nt. Registered Office.	& Registered	Agent's Signature:	
(The Limited Liability Company	cannot serve as its own	Registered A	gent. You must designate an individual or	
another business entity with an a	ctive Florida registratio	on.)		
The name and the Florida street a	ddress of the registered	l agent are:		DIV 22
		5*		SE VISE
	David Wernikoff			SECRI ISION
		Name		25 CONT.
	7881 Waterford Isles	Lane		D 027 €
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	PH Red
	Daless Danih	E1	22416	Si Asi
	Delrav Beach	FLState	33446 Zin	6 25
	City	State	Zip	張

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..

David Wernikoff

David Wernikoff

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager <u>MGR</u>	David Wernikoff 7881 Waterford Isles Lane Delray Beach, Florida 33446
AMBR	Linda Wernikoff 7881 Waterford Isles Lane Delrav Beach, Florida 33446
	3: 5 ₂
effective date is listed, the date must li te of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be lis
cument's effective date on the Departi	
cument's effective date on the Departi	
cument's effective date on the Departi CLE VI: Other provisions, if any. REOURED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be list ment of State's records. wid Warnikoff a member or an authorized representative of a member.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)