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(Requestor's Name)	
(Address)	
(1001000)	
(Address)	
(City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
Office Use Only	
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COVER LETTER

_				
TO:	New Filing Section Division of Corporations			
SUBJE	ECT: Mae's Learn; Name of Limited	19 Center	<u> </u>	
The enc	closed Articles of Organization and fec(s) are sub	omitted for filing		
Please re	eturn all correspondence concerning this matter	to the fell		
	\	o the following:		
	Jennie U.	ckens		
	. h o	ime of Person		
	Mae's Learni	19 Center		
	1000	m/Qompany		
	1959 Daisy St	rcet	202	
		Address	1	. ,
	Igliahyssee Fic	Ivida 322	70 = 2	• •
	City/Sta	te and Zip Code	(; ,	- j
	E-mail address: (to be used for fut	Ura annual a	S E	, 4 , -
For further i	information concerning this matter, please call:	are aumuai report notificatio	on)	V4. 2
	\ \		11, 1	
	Name of Person Area Coc	Daytime Telephone	20-0245 Number	
Enclosed is	s a check for the following amount:			
	Filing Fee Saladous Status Certificate of Status Certificate	\$155.00 Filing Fee & rified Copy ional 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 Divis The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A PITICUP A PARTICUPANT ON PLONIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	
The name of the Limited Line	
The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(Must contain the words "Limited Liability Company")	
ADTION -	
ARTICLE II - Address:	
The mailing address and street address of the principle to	
The mailing address and street address of the principal office of the Limited Liability Company is:	
Pair 1 house	
Principal Office Address:	
Mailing Address:	
thet 1950	
1911 dissect 1 2220 House	
1911919199150	
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:	
t estimated agent are:	
Name S	
Name	
1000	
1939 Della Shall	
Florida street address (P.O. Box NOT acceptable)	
NOT acceptable)	
1611	
City State 7:5	
City State 7	
Having by State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the further agree to comply with the provision of the appointment as registered agent and agree to process for the above stated limited liability company at the	
place designated in this certificate. I hereby account the	1
further agree to comply with the provision of the	
place designated in this certificate, I hereby accept the appointment as registered agent and limited liability company at the further agree to comply with the provisions of all statutes relating to the proper and complete performance to the control of the control of the proper and complete performance to the control of the proper and complete performance to the control of the proper and complete performance to the control of the proper and complete performance to the perf	
further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and 1)
am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	1
	1 4 8
Janua Clean	こ う
Particular	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be light the date on the Department of State's records. RTICLE VI: Other provisions, if any.		n authorized to manage and control the Limited Liability Company:	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or bo days be date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be light document's effective date on the Department of State's records. RETICLE VI: Other provisions, if any.	"AMBR" = Authorized Member	Name and Address:	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false i constitutes a third degree	meet the applicable statutory filing requirements, this date will not be lie of State's records. mber or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	sted

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)