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Office Use Only



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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) ☐S160.00 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:
Bolla tutoring and Consulting 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:
Portso 582 Siv Sea Holly ter
Fort Sound Licit FL 4934
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:
Jotonson, Truncois
Name
_582 SN Spa Holly Terrace
Florida street address (P.O. Box NOT acceptable)
Font Sount Lycie FL 34984
City State Zip
City State Zip Having been named as registered agent and to accept service of process for the above stated limited liability companyatifie place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity.—I.
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 w
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)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Peterson Francis
	Port sout lucie FL 34984
(Use attachment if necessary)	
he date of filing.)	meet the applicable statutory filing requirements, this date will not be isted as
the document's affective date on the Danastmant	of State Stecords.
the document's effective date on the Department ARTICLE VI: Other provisions, if any.	AY 31
the document's effective date on the Department	