# Electronic Articles of Organization For Florida Limited Liability Company

L24000289220 FILED 8:00 AM June 26, 2024 Sec. Of State cshightower

## **Article I**

The name of the Limited Liability Company is: I SMILE LEARNING CENTER, LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

1825 MAIN STREET WESTON, FL. US 33326

The mailing address of the Limited Liability Company is:

1825 MAIN STREET WESTON, FL. UN 33326

#### **Article III**

Other provisions, if any:

EARLY INTERVENTION PROGRAM

## **Article IV**

The name and Florida street address of the registered agent is:

LYDIA REID 1825 MAIN STREET WESTON, FL. 33326

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.

Registered Agent Signature: LYDIA REID

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: PRES LYDIA REID 1825 MAIN STREET WESTON, FL. 33326 US

Title: VP MAME FALL 2828 BOGOTA AVENUE COOPER CITY, FL. 33026 US

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#### **Article VI**

The effective date for this Limited Liability Company shall be:

06/24/2024

Signature of member or an authorized representative

Electronic Signature: LYDIA REID

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.