L140W 572556

(Requestor's Name)
(Address)
(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



700441177717



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 12/17/24 Order #: 1728002-1

Re: CAREPLAY ACADEMY LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	New Filing Sec Division of Co			
CHIRA	· · · · · · · · · · · · · · · · · · ·	AY ACADEMY LLC		
SUBJE		Name of L	mited Liability Company	
The enc	closed Articles of	Organization and fec(s)	are submitted for filing.	
Please 1	return all correspo	ondence concerning this r	natter to the following:	
	VANESSA	COLUCCI		
	•••		Name of Person	202
	KPMG LAV	WЦР		17.00 17.10 17.10
		-	Firm/Company	-1
	100 NEW P.	ARK PLACE, SUITE 14	00	
			Address	
	VAUGHAN	I, ONTARIO, L4K 0J3 C	ANADA	1.1 7
			City/State and Zip Code	
	vcolucci@kp			
	I	E-mail address: (to be use	d for future annual report notification)	
For furthe	er information co	ncerning this matter, plea	se call:	
	VANESSA (COLUCCI at (228-6433	
	Nam	e of Person	Area Code Daytime Telephone Num	ber
Enclose	d is a check for th	he following amount:		
□\$125	.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	\$160.00 Filing Fee, ertificate of Status & ertified Copy itional copy is enclosed)
		g Address	Street Address	
		iling Section on of Corporations	New Filing Section Division The Centre of Tallahassee	
	P.O. Be	ox 6327	2415 N. Monroe Street, Suit	te 810
	Tailaha	issee, FL 32314	Tallahassee, FL 32303	

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
CAREPLAY ACADE						
(Must conati	in the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	iress of the principal o	office of the Limite	ed Liability Company is:			
Principa	Office Address:		Mailing Address:			
5135 S University Dri	ve, Davie, Florida, 33	<u>328</u> <u>51</u>	35 S University Dr. Davie, Flor	ida 33328	202	
					לוהלף הביל	- ~
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Agent		ual or 🐈	5:7/	3 -
The name and the Florida street as	idress of the registered	d agent are:			: :2	
	Corporation Service			19	~-J	
		Name				
	1201 Hays Street	·				
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)			
	Tallahassee	FL	32301			
	City	State	Zip			
Having been named as registered as place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes r	cointment as registe elating to the prop as registered agen	rred agent and agree to act in thi er and complete performance of t	s capacity. my duties, a	I	

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ELLANA KATZBERG
WARE	5135 S University Drive, Davie, Florida 33328
AMBR	MARTY KATZBERG
	5135 S University Drive, Davie, Florida 33328
	
	·
Use attachment if necessary)	
	7.
ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-