

297000000235

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 27 PM 12:45

Requestor's Name
227 S. Calhoun St
Address
Tallahassee FL 32301
City/State/Zip Phone #
224-9115

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tallahassee Day School, L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

300002101433--4
-02/28/97--01098--013
***337.50 ***337.50

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Some People have
267383*

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
TALLAHASSEE DAY SCHOOL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 27 PM 12:45

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following.

1. Name. The name of the Limited Liability Company is **TALLAHASSEE DAY SCHOOL, L.C.**

2. Period of Duration. The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

(i) December 31, 2050, or

(ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act and the Limited Liability Company Agreement for **TALLAHASSEE DAY SCHOOL, L.C.**

3. Purpose. The purpose for which the Limited Liability Company is organized is to acquire, own, finance, develop, improve, lease, operate, manage, sell and otherwise invest in, and deal with, improved and unimproved real estate, and interests related thereto, and to engage in any other activities related or incidental thereto.

4. Address of Place of Business. The mailing address and the street address of the place of business in Florida for the Limited Liability Company is: 517 East College Street, Tallahassee, Florida 32301.

5. Registered Agent. The name and address of the initial registered agent in Florida for the Limited Liability Company is: Emily S. Waugh, 227 South Calhoun Street, Tallahassee, Florida 32301.

6. Additional Members. Additional members may be admitted to the Limited Liability Company as unanimously agreed by the Members.


7. Continuity of Business. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, the business of the Limited Liability Company shall not be continued unless the remaining Members unanimously agree to continue the Limited Liability Company.

8. Management. The Limited Liability Company shall be managed by the Members, and all decisions shall be by unanimous consent of the Members. The names and addresses of the members are as follows:


JULIANNA T. STANTON
703 Beard Street
Tallahassee, Florida 32303

DAVID S. MITCHELL AND AMELIA C.
MITCHELL, tenants by the entireties
826 Cherry Street
Tallahassee, Florida 32303


Executed at Tallahassee, Leon County, Florida, on the 26th
day of February, 1997.



JULIANNA T. STANTON



DAVID S. MITCHELL

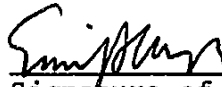


AMELIA C. MITCHELL

STATE OF FLORIDA
COUNTY OF LEON

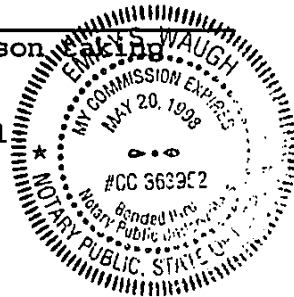
I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, **JULIANNA T. STANTON**, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that she executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 26th day of February, 1997.



Signature of person
acknowledgement

Notary Stamp/Seal



STATE OF FLORIDA
COUNTY OF LEON

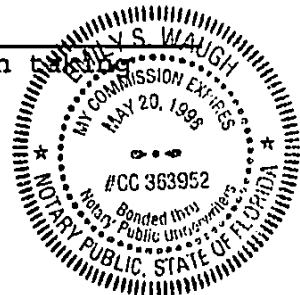
I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, **DAVID S. MITCHELL**, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that he executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 26th day of February, 1997.



Signature of person
acknowledgement

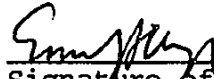
Notary Stamp/Seal:



STATE OF FLORIDA
COUNTY OF LEON

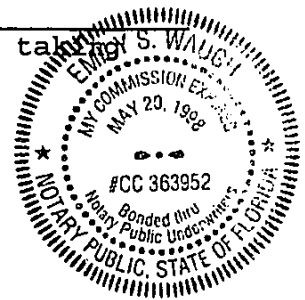
I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, **AMELIA C. MITCHELL**, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that he executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 26th day of February, 1997.



Signature of person taking
acknowledgement

Notary Stamp/Seal:




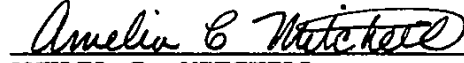
**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Florida Statutes Section 608.415 and 608.507, the following is submitted:

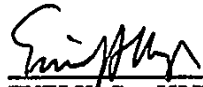
TALLAHASSEE DAY SCHOOL, L.C., desiring to organize as a Limited Liability Company under the laws of the State of Florida, has designated 227 South Calhoun Street, Tallahassee, Florida 32302, as its initial Registered Office and has named **EMILY S. WAUGH** located at said address, as its initial Registered Agent.


JULIANNA T. STANTON
Date: February 26, 1997


DAVID S. MITCHELL
Date: February 26, 1997


AMELIA C. MITCHELL
Date: February 26, 1997

Having been named Registered Agent and to accept service of process for the above-stated corporation, at the place designated in this Certificate, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties and is familiar with and accepts the obligations of her position as Registered Agent.


EMILY S. WAUGH
Registered Agent
Date: February 26, 1997

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named Registered Agent and to accept service of process for TALLAHASSEE DAY SCHOOL, L.C., at the place designated, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties and is familiar with and accepts the obligations of his position as Registered Agent.



EMILY S. WAUGH
Registered Agent

Date: February 26, 1997

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STATE OF FLORIDA)
COUNTY OF LEON)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 27 PM 12:45

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, JULIANNA T. STANTON, DAVID S. MITCHELL and AMELIA C. MITCHELL, as members of TALLAHASSEE DAY SCHOOL, L.C., a Florida limited liability company (the "Company"), Tallahassee, Florida, certify as follows:

1. The total amount of capital contributions to the Company to be made by the members is \$200,000.00.
2. No additional capital contributions are anticipated to be contributed by the members to the Company.

FURTHER AFFIANTS SAITH NOT.

Under penalties of perjury we declare that we have read the foregoing and the facts alleged are true, to the best of our knowledge and belief.


JULIANNA T. STANTON


DAVID S. MITCHELL


AMELIA C. MITCHELL

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, JULIANNA T. STANTON, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that she executed the same freely and

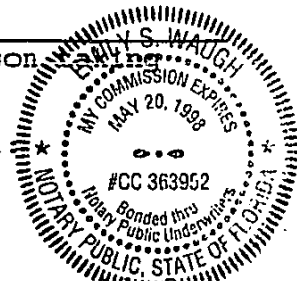
voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 26th day of February, 1997.



Signature of person
acknowledgement

Notary Stamp/Seal:



STATE OF FLORIDA
COUNTY OF LEON

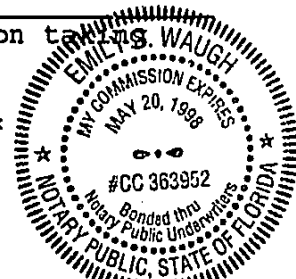
I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, **DAVID S. MITCHELL**, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that he executed the same freely and voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 26th day of February, 1997.



Signature of person
acknowledgement

Notary Stamp/Seal:



STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, **AMELIA C. MITCHELL**, who is personally known to me or who produced _____ [type of identification] and who executed the foregoing instrument and acknowledged before me that he executed the same freely and

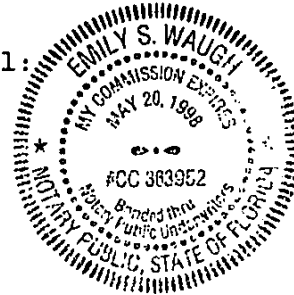
voluntarily for the uses and purposes therein set forth and expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 24th day of February, 1997.



Signature of person taking acknowledgement

Notary Stamp/Seal:



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