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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DNW Folicational SERVICES, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
D. Wichole Winaw (Name of Person)
DNW EducaTIONAL SERVICES
312 Spiner Lily Lane
NAPLES, FL 34119 Ex B
For further information concerning this matter, please call:
D. Nichole Wiman at (238) 825-4387 TO
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Status} \ \ \text{Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (ad
Mailing Address Registration Section Section Section Section Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT	IC	CLE	L	-	N	am	e	:
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The name of the Limited Liability Company is:

DNW EducationAL SERVICES, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

312 Spiper Lily LANE 312 Spiper Lily NAPLES, FL 34119 NAPLES, FL 34119	lare
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Daisy Wichole Wiman Name March Name	

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M&R_	Daisy Nichole Wiman 312/ Spiner Lity Lane Napres- Par 34119
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: April 22, 2067. (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

AFR 27 PM 12: 31
RETARY OF STATE
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