

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000174032 3)))



H090001740323ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

academic partners, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09 JUL 31 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

AUG - 3 2009

EXAMINER

7/31/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 31 AM 8:53

⑤

H09000174032

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 31 AM 8:53

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
ACADEMIC PARTNERS, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: ACADEMIC PARTNERS, LLC**

**The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the Limited Liability Company: 4960 S.W. 72<sup>nd</sup> AVENUE, STE 406, MIAMI FL 33155.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent: ALFREDO ARMAS, 901 PONCE DE LEON BLVD, STE 304 CORAL GABLES, FL 33134.**

**ARTICLE V**

**The name of the Managing Member(s) and Manager(s) shall be:**

**MANAGING MEMBER/MANAGER  
JOSE J. ARMAS**


H09000174032

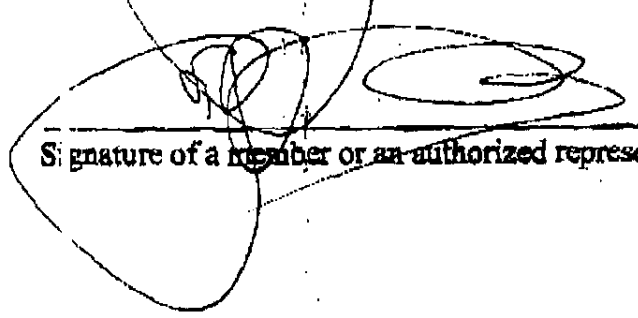
HO9000174032

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**ACADEMIC PARTNERS, LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ALFREDO ARMAS**

\_\_\_\_\_  
Typed or printed name of signee

HO9000174032