



# L0200000006366

ACCOUNT NO. : 072100000032

REFERENCE : 480324 4300239

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 155.00

ORDER DATE : March 18, 2002

ORDER TIME : 5:12 PM

ORDER NO. : 480324-005

CUSTOMER NO: 4300239

300005133433-9

CUSTOMER: Ilene Stern, Esq  
Kurzman Eisenberg Corbin Lever  
& Goodman, LLP  
One North Broadway  
10th Floor  
White Plains, NY 10601

DOMESTIC FILING

NAME: BARBIZON SCHOOL OF SOUTH  
FLORIDA LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

*DB*  
*3-19-02*

02 MAR 19 AM 9:08 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAR 19 AM 8:37  
DIVISION OF CORP. REGISTRATION

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **Barbizon School of South Florida LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**Barbizon International LLC, 2240 Woolbright Road, Suite 300, Boynton,  
Beach, FL 33426, Attention: Tom Blangiardo**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Tom Blangiardo

Name

c/o Barbizon International LLC

2240 Woolbright Road, Suite 300

Florida street address (P.O. Box **NOT** applicable)

Boynton Beach, FL 33426

City, State and Zip

02 MAR 19 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

*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 all accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

[Signature]  
Registered Agent's Signature Tom Blangiardo

**ARTICLE IV - Management (Check box if applicable).**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

*(An additional article must be added if an effective date is requested)*

[Signature]  
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.)

Tom Blangiardo, President/Authorized Representative  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)