

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
 Account Number : I20010000247
 Phone : (305) 674-3313
 Fax Number : (305) 674-3359

03 MAY -8 AM 11:31
 AND
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
COLLEGE FUNDS & RESOURCES GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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 DIVISION OF CORPORATION
 B-8-5

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

COLLEGE FUNDS & RESOURCES GROUP, LLC

ARTICLE II ADDRESS

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

2817 NE 24TH CT.

FORT LAUDERDALE, FL 33305

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JOSE ROSADO

759 NW 113th ST

MIAMI, FL 33168

Having been named as registered agent to accept service of process for the above 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 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 as provided for in Chapter 608, F.S..

Joe E. Rosado
Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by the members.

ARTICLE V MEMBERS (optional)

Member:

NEIL H. WELCH

2817 NE 24TH CT.

FORT LAUDERDALE, FL 33305

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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AND
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NEIL WELCH

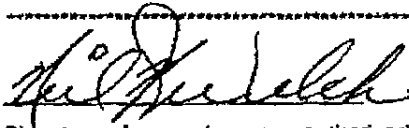
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HD3 0001895447

PAGE 2 COLLEGE FUNDS & RESOURCES, LLC



Signature of a member or an authorized representative of a
(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

NEIL H. WELCH
Typed or printed name of signee

FILED
03 MAY - 8 6M11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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