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Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (305)674-3313 Fax Number

: (305)675-2811

LIMITED LIABILITY COMPANY

EDUCATIONAL SOLUTIONS, LLC

Certificate of Status	0
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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:

EDUCATIONAL SOLUTIONS, LLC

ARTICLE II: Address

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

4707 NW 119 AVE. CORAL SPRINGS, FLORIDA 33076

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED

AGENT SIGNATURE

The name and the Florida street address of the registered agent are: KIMBERLY GLEASON 4707 NW 119 AVE. CORAL SPRINGS, FLORIDA 33076

Having been named as registered agent 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.

KIMBERLY GLEASON / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ARTICLE V: MEMBERS (optional)

Member:

KIMBERLY GLEASON

4707 NW 119 AVE.

CORAL SPRINGS, FLORIDA 33076

Member:

JEFF MADURA

2133 NW 5TH ST.

BOCA RATON, FLORIDA 33486

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.)

KIMBERLY GLEASON

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