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## TRANSMITTAL LETTER

	Registration Section Division of Corporations		
SUBJEC	T: University Tutorials (Name of Limited Liability Company)	_	
The encl	osed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Anntarie N. Aii		
	(Name of Person)		
	(Firm/Company)	_	
_	2951 S. Bayshore Dr. #808		_
	(Afidress)	<b>2</b>	
	Hiami Fl 33133 ARR (City/State and Zip Code)	ZODY MAR (	1
	(Chy/State and Zip Code) S/A S/ス ドライ	5	F
For furth	er information concerning this matter, please call:	⊳	m
_	Ann Marie An at 186 \ 423 9425 An	A 10:0	U

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Area Code & Daytime Telephone Number)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
University Tutorials -	-C
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2951 S. Bayshore, Dr # 808	2951 S. Bayshore Dr #808
Miami F1 33133	Miami Fl 33133
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere  Ann Marie Ali  Name  2951 S. Baysy  Florida street address (P.O. Box No. 1975)  City, State, and Zip  g been named as registered agent and to accept service of p	IDVE Dr. #8089 ORIDA 33133

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Myr	Ann Marie Ai
· · · · · <del>-</del>	2951 S. Bayshore Dr. 4808
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* *	
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	TA SE 20
(Use attachment if necessary)	ing on
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NOTE: An additional article m	oust be added if an effective date is requested.
REQUIRED SIGNATURE:	
, <b>-</b> -	~ m ~
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constituted that the facts stated here	ion 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury in are true.)
Ann Marie	·
Тур	ed 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)