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LIMITED LIABILITY COMPANY

Academically Committed Educators, LLC

Certificate of Status	0
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FAX AUDIT # 11040001649703

**ARTICLES OF ORGANIZATION
OF
Academically Committed Educators, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Academically Committed Educators, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5400 SW College Road, Suite 302-11, Ocala, Georgia 324474.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Forman, 5400 SW College Road, Suite 302-11, Ocala, Florida 34474. Located in the County of Marion.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

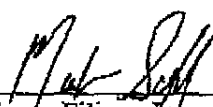
The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Robert Forman, 5400 SW College Road, Suite 302-11, Ocala, Florida 324474

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Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Academically Committed Educators,
LLC**

The name and address of the registered agent and office is: Robert Forman, 5400 SW
College Road, Suite 302-11, Ocala, Florida 34474. Located in the County of Marion.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


Robert Forman

Date: July 21, 2004

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TALLAHASSEE, FLORIDA

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