## 104000082516

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
11/10 FLC		

Office Use Only



900042357699

11/10/04--01015--018 \*\*100.00

11/10/04--01015--019 \*\*25.80

HI.IK

04 NOV 10 PM 4: 20

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Education Consortium Co, LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deborah Perry Piscione (Name of Person)		
(Name of Person)		
Education Consortium Co, LLC		
1492 Hampton Hill Circle (Address)		
MCLean, VA 22101 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Teborah Perry Psclone at 703 748, 2888  (Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Education Consortium Co. LL	<u> </u>
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15625 S.W. 16th Street	15625 S.W. 16th Street
Pembroke Pines, FL 33027	15625 S.W. 16th Street Pembroke Pincs, FL 33027
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis	
Therese Perry  Name  15625 S.W. 16th St  Florida street address (P.O. Box  Pembroke Pines  City, State, and Z	x NOT acceptable)
been named as registered agent and to accept service	of process for the above stated limited liability

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
	T	
MGR	Peborah Perry Hiscione	
	Pembroke Pines FL 33027	
MC.DNA	Dina Dicaiona	
MAKIM	DINO MISCIONE 15625 S.W. John Street	
	Pembroke Pines FL 33027	
	,	
<del></del>		
(I lea attachment if managemy)		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Vitorah III	iscione	
Signature of a member or an au	thorized 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.)		
Deborah Kerry	<u> Fiscione</u>	
Typed or prin	ted 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)