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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies

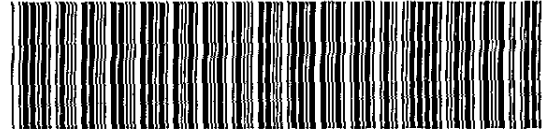
Certificates of Status

Special Instructions to Filing Officer:

6/30

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Education Enhancement, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith W. Hopkins
Education Enhancement, LLC
2550 Highlands Vue Pkwy.
Lakeland, FL 33813

For further information concerning this matter, please call: **Keith Hopkins** at **1-888-439-5348**

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
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 Enhancement, LLC**

ARTICLE II – Purpose:

The purpose of the Limited Liability Company shall be to own and operate a Kumon Math and Reading Center franchise and for all other uses incidental thereto.

ARTICLE III – Principal Office and Mailing Addresses:

Principal Office Address:

Education Enhancement, LLC
2106 E. Edgewood Dr.
Lakeland, FL 33803

Mailing Address:


Education Enhancement, LLC
2550 Highlands Vue Pkwy.
Lakeland, FL 33813

ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Keith W. Hopkins
2550 Highlands Vue Pkwy.
Lakeland, FL 33813**

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, F.S..


Registered Agent's Signature

ARTICLE V – Manager(s) or Managing Member(s):

The name and address of each Manager ("MGR") or Managing Member ("MGRM"):

<u>Title:</u>	<u>Name:</u>	<u>Address:</u>
MGRM	Keith W. Hopkins	2550 Highlands Vue Pkwy. Lakeland, FL 33813

REQUIRED SIGNATURE:


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.)

Keith W. Hopkins

Typed or printed name of signee.

Filing Fees: \$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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