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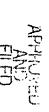


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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: College Funding Strategies (Name of Librited Liability Company)						
(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:						
Diane Schullstrom Wood (Name of Person)						
(Name of Person)						
Cullege Funding Strategies						
(Firm/Company)						
6550 N. Wickham Rd., Stike 4						
(Address)						
Melbourne, Fl 32940 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Diane Shullstrom Wood at 321 255-1662 (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$125.00 Filing Fee Status Stat						

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:		
Oollege Funding Strat	egies, LIC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
6550 N. Wickham Rd, Suited Melbourne, Fl. 32940	Same	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re		
Diane Schullstra	m Wasd	
Name		
6550 N.Wick	ham Rd, Soik 4	
771 - 2 1 4 4 4 4 1 1	(D.O. D. MOT	
Meiboune, City, State, and	FL 32940 nd Zip	
Having been named as registered agent and to a liability company at the place designated in th	ccept service of process for the above stated iis certificate, I hereby accept the appointme	nt as
registered agent and agree to act in this capacity. statutes relating to the proper and complete peraccept the obligations of my position as regist	formance of my duties, and I am familiar wi	th and
Main Schull	telland Ex	205
Registered Agent's	Signature E E	130
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(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
M6R	Diane Schullstrom Wax 1931 Slone Blud Malbourne, Fr. 3293:	<u>\$</u>		
and the second s				
(Use attachment if necessary)		<u></u>		
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:				
Man Sih	ullet Wood	SECAL	05 OCT	Al
_	r an authorized representative of a member.	55	12	<u></u> =>₹
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury in are true.)	E E		
Diane Scho	or printed name of signee	SIATE ORIDA	MH: 25	ſ.

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)