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Division of Corporations

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From:

: A 1 A CORPORATE SERVICES, INC. Account Name

Account Number : 120010000247 Phone (800) 494-3124

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

ARLINGTON & WINDSOR ACADEMY OF MIAMI LLC

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J. BRYAN JUL - 7, 2006.

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:
ARLINGTON & WINDSOR ACADEMY OF MIAMI LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

16151 NW 57 AVE MIAMI FL 33014

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are: SABRINA WINDSOR BUTLER
2200 NW 192 TERRACE
MIAMI FL 33056

Having been named as registered agent 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..

SABRINA WINDSOR BUTLER Registered Agent's Signatur

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## ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
SABRINA WINDSOR BUTLER
2200 NW 192 TERRACE
MIAMI FL 33056

MANAGING MEMBER ANNETTE F. BLYE 13225 SW 51ST MIRAMAR FL 33027

MANAGING MEMBER AUNDREA B. BLYE 4301 SW 131 LN MIRAMAR FL 33027

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MANAGING MEMBER KEITH S. BUTLER 2200 NW 192 TERRACE MIAMI FL 33056 SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

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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.

NAME OF SIGNER SABRINA WINDSOR BUTLER Typed or printed name of signee

NEUR TARY OF STATEMENT OF STORE OF CORPORATIONS