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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
_{SUBJECT:} The S	outh Florida Schoo	ol of Etiquette, LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Linda J. J	lohnson			
	(1	Name of Person)		
The Sout	h Florida School	of Etiquette, LLC		
	(Firm/Company)		
1232 NW	/ 55th St.		· · · · · · · · · · · · · · · · · · ·	
		(Address)		
Miami, F	L 33142-3124			
	(City.	/State and Zip Code)		·
For further information	concerning this matter, please	call:	TAS O	•
Linda J. Johns	on	at (305) 215-52	SECRE SECRE FALL AH	71
	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:		RY OF SEE.	m-
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Files Fee. Certificate of Stayes & Certified Copy (additional copy is enclosed)	O 24
	Mailing Address	Street/Courier Addres	<u>s</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
, , , , , , , , , , , , , , , , , , ,	
The South Florida School of Etiquette, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The South Florida School of Etiquette, LLC	The South Florida School of Etiquette, LLC
1232 NW 55th St.	1232 NW 55th St.
Miami, FL 33142-3124	Miami, FL 33142-3124
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Linda J. Johnson	CCRE DE
Name	TARY ASSE
1232 NW 55th St.	To Reference
	ess (P.O. Box NOT acceptable)
Miami, FL 33142-3124	<u>FL</u>
City, State, ar	id Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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..

(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:

"MGR" = Manager "MGRM" = Managing Member	
MGR	Linda J. Johnson 1232 NW 55th St. Miami, FL 33142-3124
(Use attachment if necessary)	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five business da
ffective date is listed, the date must	t be specific and cannot be more than five business da

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Linda J. Johnson

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee