

**LO6000073011**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax and audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000186240 3)))



H060001862403ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

RECEIVED

06 JUL 21 13:47

DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**  
**NATIONAL UNIVERSITY NETWORK, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

*7/24*

06 JUL 21 AM 11:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Audit Fax No: H060001862403

**ARTICLE 3 OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**NATIONAL UNIVERSITY NETWORK, L.L.C.**

**ARTICLE II - Address:**

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

1320 Gulf Blvd.  
Belleair Shores, FL 33786

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Alan S. Gassman**  
Name  
**1245 Court Street, Suite 102**  
Florida street address (P.O. Box NOT acceptable)  
**Clearwater, FL 33756**  
City, State, and Zip

*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

(An additional article must be added if an effective date is requested)

**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.)

  
**ALAN S. GASSMAN**

**ARTICLES OF ORGANIZATION OF NATIONAL UNIVERSITY NETWORK, L.L.C.**

Alan S. Gassman, Esquire  
1245 Court Street Suite 102  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar #: 371750  
Audit Fax #: H060001862403

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 21 AM 11:21