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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e#)
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(Do	cument Number)	<u> </u>
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SECRETARY OF STATIONS

ON SEP 22 PH 2: 14

J. BRYAN SEP 2 5 2006

COVER LETTER

TO:	Registration Se Division of Co		- -	
SUBJI	ECT: EGS E	ducational Consulting	, LLC	
~~		(Name of Limite	d Liability Company)	
The en	iclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	Ş
Please	return all corresp	ondence concerning this matte	er to the following:	06 SEP 22
	Elaine Gra			, P
		(Name of Person)	2
	EGS Educa	ational Consulting, L	LC	7 7
		(Firm/Company)	
	2216 39th	Street, W.		
			(Address)	
	Bradenton	, FL 34205		
		(City	/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
Elain	e Graham		at (941) 746-147	0
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	r the following amount:		
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns Círcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		9.
The name of the Limited Liabilit	y Company is:	50.00
		2 望
E G S Educational Consulting, LI	c	CINISION OF CZ PH 2: 1
	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	، ح
(Must che with the words Limited Lightin	Company, Limited Company of their appreviation LLC, of L.C.,	3
ARTICLE II - Address:		5
The mailing address and street ac	ldress of the principal office of the Limited Liability Compar	ıy is: ڃ
Principal Office Address:	Mailing Address:	
i merpar Onice Augress.	Maning Address.	
2216 39th Street W.	2216 39th Street W,	
Bradenton, FL 34205	Bradenton, FL 34205	
	address of the registered agent are:	
Elaine Graha		
	Name	
2216 39th S	reet W.	F
	Florida street address (P.O. Box NOT acceptable)	
Bradenton,	FL 34205	
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper c	d agent and to accept service of process for the above stated lin designated in this certificate, I hereby accept the appointment in this capacity. I further agree to comply with the provisions and complete performance of my duties, and I am familiar with position as registered agent as provided for in Chapter 608, F.S.	as of all and

Registered Agent's Signature (REQUIRED)

(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:

	ager anaging Member		
MGRM		Elaine Graham	06 SEP 66
		2216 39th Street W.	-g
		Bradenton, FL 34205	_ 绉
			5
			- `
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			<u>. </u>
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		4 4	_
			
(Use attachmer	nt if necessary)		
LE V: Effectiv	e date, if other than the	e date of filing: (OPTIO	ONAL
LE V: Effective fective date is	e date, if other than the	e date of filing: (OPTIO	ONAL days
(Use attachmer LE V: Effectiv ffective date is l days after the	e date, if other than the	e date of filing: (OPTIO be specific and cannot be more than five business	ONAL days
LE V: Effectiv	e date, if other than the	e date of filing: (OPTIO be specific and cannot be more than five business	ONAL days
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LE V: Effectiv fective date is l days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	e date of filing: (OPTION of the specific and cannot be more than five business. LALL The specific and cannot be more than five business.	ONAL s days
LE V: Effectiv fective date is l days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	ONAL s days
LE V: Effectiv fective date is l days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	ONAL s days

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)