

Apr 10 07 08:14p

Dale Worden

239 936-2026

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FROM : CLARION VENTURES, INC.

FAX NO. : 623 465 8640

Apr. 10 2007 04:36PM P2

Florida Department of State

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To:

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

From:

Account Name : CLARION VENTURES, INC.
Account Number : T20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Worden Learning LLC

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Worden Learning LLC**ARTICLE II - Address:**

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

Principal Office Address:10371 McArthur Palm Ln #2814Ft Myers Fl, 33966**Mailing Address:**10371 McArthur Palm Ln #2814Ft Myers Fl, 33966**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kristine G Worden

Name

10371 McArthur Palm Ln #2814Florida street address (P.O. Box NOT acceptable)Ft Myers,FLORIDA 33966

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRKristine G Worden10371 McArthur Palm Ln #2814Ft Myers FL, 33966

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Kristine G Worden
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.)

Kristine G Worden
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:**\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**