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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Education Research Solutions (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCIA J. GRIFFITHS-Prince (Name of Person)
EDUCATION RESearch Solutions (Firm/Company)
12808 Cattail shore Lane
(Address)
Rwelview 7L 33569 PR TO THE TOTAL City/State and Zip Code)
For further information concerning this matter, please call:
MASCIA GRIFFITHS -Prince at (813) 723-3222 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	∂:
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The name of the Limited Liability Company is:

Education Research Solutions (LC," or "L.C.,")

(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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12808 Cottoil show Riverview 76 33569	P. D BOX \$ 11/3 RWENIEW 7L 33568
Name 12808 Calfai	gistered agent are: FEITHS-Prince SACE L SLOCE LA ess (P.O. Box NOT acceptable) FL 33569

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 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	MARCIA GRIFFITHS-Prince 12808 contail sh In RIVERVIEW 76 33569
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Marca	ALLIAN TO
Signature of a member	on 608.408(3). Florida Statutes, the execution
	tes an affirmation under the penalties of perjury ein are true.)
MAKIA G Type	RIFFITHS-Prince BA No American Right No American Reprinted name of signee

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)