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COPY

TRANSMITTAL LETTER

Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314

Subject: <u>ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY</u>

<u>School of Legacy, LLC.</u>

Enclosed please find an original and one (1) copy of the Articles of Organization and check in the amount of \$125.00 for filing fee.

Please return to:

Hendrik Adriaan Schoeman, Jr. 3834 Olde Lanark Drive Land O' Lakes, FL 34638

COVER LETTER

TO: Registration Division of C			
SUBJECT:	School of Legacy, LLC.		
	(Name of Limited L	iability Company)	
The enclosed Articles	of Organization and fee(s) are subr	nitted for filing.	
Please return all corres	spondence concerning this matter to	the following:	
	Hendrik Adria	an Schoeman, Jr.	
	(Nai	ne of Person)	
	/Fir	n/Company)	
		Lanark Drive Address)	
	,		
	Land O' Lake		
	(City/Sta	ite and Zip Code)	
For further information	n concerning this matter, please cal	l:	
Hendrik Adri	aan Schoeman, Jr. _{at}	813 842-8442	
(Nan	ne of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,
icy, LLC.
ity Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
3834 Olde Lanark Drive Land O' Lakes, FL 34638
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are: Bailey Ve, Ste. 300 Iress (P.O. Box NOT acceptable) FL 33801 Ind Zip
i

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Hendrik Adriaan Schoeman, Jr. 3834 Olde Lanark Drive Land O' Lakes, FL 34638 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Herdrik Shoeman 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.) Hendrik Adriaan Schoeman, Jr. Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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