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Certified Copies	Certificates of Status			
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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04 Thomas FEB 1 9 2000

COVER LETTER

TO:	Registration Division of C					•
รุบвյ	ECT: Educa	ational Solutions, L				
·		(Name of Limi	ted Liability Co	mpany)		
The er	closed Articles	of Organization and fee(s) are	submitted for f	iling.		
Please	return all corres	pondence concerning this ma	tter to the follov	ving:		
	Dale King					
			(Name of Person	1)		
	Education	nal Solutions, LLC				08 FEB 18 AM 8: 35
			(Firm/Company)		智品
	500 Three Islands Blvd Suite 910					
			(Address)			器 星
	Hallandal	e Beach, FL 3300	9			8: 3
		(Ci	ty/State and Zip (Code)		
For fu	rther information	concerning this matter, pleas	se call:			•
Dale	e King		at (954	540-72	36	
	(Yam	e of Person)	(Area	Code & Daytime Te	elephone Number)	
Enclo	sed is a check f	or the following amount:				
√ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & C Copy copy is enclosed)	\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation in Building Executive Center nassee, FL 32301	าร	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2008

DALE KING 500 THREE ISLANDS BLVD STE 910 HALLANDALE BEACH, FL 33009

SUBJECT: EDUCATIONAL SOLUTIONS, LLC

Ref. Number: W08000005410

We have received your document for EDUCATIONAL SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 30, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 908A00006660

08 FEB 18 AM 8: 36 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Educational Solutions, LLC	mited Liability Company, "L.L.C.," or "LLC.")			
	and Elacinity Company, Bibliot, St. Ede. 7			
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
500 Three Islands Blvd Suite 910	500 Three Islands Blvd Suite 910 Hallandale Beach. FL 33009			
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009			
The name and the Florida street address	ss of the registered agent are:			
The name and the Florida street address				
	Ss of the registered agent are: Name			
<u>Dale King</u> 500 Three Isla	Name ands Blvd Suite 910			
Dale King 500 Three Isla	Name ands Blvd Suite 910 da street address (P.O. Box <u>NOT</u> acceptable)			
Dale King 500 Three Isla Florid Hallandale Be	Name ands Blvd Suite 910 da street address (P.O. Box <u>NOT</u> acceptable) each, FL 33009			
Dale King 500 Three Isla Florid Hallandale Be	Name ands Blvd Suite 910 da street address (P.O. Box <u>NOT</u> acceptable)			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

	<u>e:</u> 3R" = Manager 3RM" = Managìng Member	Name and Address:
MGRI	<u>M</u>	Dale King 500 Three Islands Blvd Suite 910 Hallandale Beach, FL 33009
		
		
(Use	e attachment if necessary)	e of filing: 4/16/2008 2/15/2008. (OPTIONAL) recific and cannot be more than five business days prior
(If an effecti to or 90 day	ive date is listed, the date must be sp as after the date of filing.)	ecific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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.)

Dale King

Typed or printed 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)