

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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BUILT PARE

LORIDA/FOREIGN LIMITED LIABILITY CO.

edumar, llc

Certificate of Status 0

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Estimated Charge \$155.00

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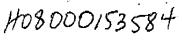
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Edumar, LLC

ARTICLE II Address:

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

353) GRIFFIN ROAD FT. LAUDERDALE, FLORIDA 33312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Hayon & Hagen, P A	
Name	
3531 Griffin Road	⊈ ⊆
Flurida Street address (P.O. Box NOT acceptable) Ft. Lauderdole, Ft. 13312	
Ft. Lauderdale, FL 33312	X
City, State, and 7/p	- -
ing been named as registered agent and to accept service of process for the above stated limited [[a	bility
pany at the place designated in this certificate. I hereby accept the appointment as registered agent	ond or

Having been named as registered agent and to accept service of process for the above stated limited [lability company at the proceed 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 propertial complete performance of my duties and I am familiar with and accept the obligations of my position arregistered agent as provided in Chapter 608, Florida Statutes.

Registered Agent Stepustic

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional priole must be added if in affective date is requested)

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3) Porida Statutes, the execution of this document Constitutes an affirm and under the penalties of perjury that the facts stated herein are true.)

Max M. Hegen
Typed or printed name of signee

This instrument prepared by: Max M. Hagen, Baquire Florida Bar No.: 032722 Hagen & Hogen, P.A. 3531 Griffin Road Ft. Lauderdole, Florida 33312

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