1000001132

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

AUG 1 9 2010

EXAMINER

Office Use Only



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08/19/10--01008--010 **75.00

08/16/10--01024--002 ***80.00

SEGRETARY OF STATE

COVER LETTER ,

TO: Registration Sec Division of Cor			
SUBJECT: FUTUY	e Genius De	evelopment Ac	amedy LLC
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
Taktisho	a Sills		
Tarre	1	Name of Person	
		Firm/Company	
3531 NI	n and street	<u>.</u>	
		Address	
Fort L	auderdale cin	FL 33311	
+9000	E-mail address: (to be used f	or future annual report notification)	
For further information co	oncerning this matter, please	call:	
Takeisha	ST 15 Person	at (754) 214-4	708 Ohone Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:					
Future Genius Devel (Must end with the words "Limited Liab	opment Acade	my LL	C			
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Lial	bility Compar	ny is:			
Principal Office Address:	Mailing Address:					
3531 NW 2nd Street Fort Lauderdale FL 33311	6919 W. Broward Fort Lauderdale 33317	181VD = FL	† 13s			
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.)						
The name and the Florida street address of the	registered agent are:					
Takeisha	Sils					
3531 NW 2nd street						
Florida street address (P.O. Box <u>NOT</u> acceptable)						
Fort Lauderdale FL 33311 City, State, and Zip						
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the ty. I further agree to comply with i erformance of my duties, and I am	appointment the provisions familiar with	as of all and			
Registered Agent's Signa	ature (REQUIRED)	SECRETA	71			
CONT	INUED)	ARY O				
·	1 of 2	野年 NE	Ö			
		27 ii	•			

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ (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:** 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.) Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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