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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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SECREMENT OF STATE

11-1-10

COVER LETTER

TO: Registration Division of C			77.c
SUBJECT: ST	udygarden	LLC ed Liability Company	CLEAR ONOV
	Name of Limite	ed Liability Company	SS
	of Organization and fee(s) are spondence concerning this matt	-	PH 4: 44 OF STATE EE, FLORIDA
		Name of Person	
De Lo	a Pena G	Firm/Company	
601	Brickell	Key Drive	Suite 705
Mian	in FL 3	3 1 3 1 y/State and Zip Code	
	tperez@dl	y/State and Zip Code P-Iaw . Com or future annual report notification)	
For further information	concerning this matter, please	e call:	
Tracy Pa	e of Person	at (305) 377	phone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	Street/Courier Address Registration Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY						
ARTICLE I - Name:						
The name of the Limited Liability Company is:						
Studygarden LLC To F. (Mess-and with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:						
The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address: Mailing Address:						
boi Brickell Key Drive boi Brickell Key Drive Suite 705 Miami F 33131 Miami F 33131						
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)						
The name and the Florida street address of the registered agent are:						
De La Peña Group, P.A.						
bol Brickell Key Drive Suite 705 Florida street address (P.O. Box NOT acceptable)						
City, State, and Zip						

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)

,		, and the second	ng Member(s): or Managing Member is as follows: Name and Address:	FILED 10 NOV -1 PH 4 SEURLIANT OF STALLAHASSEE, FL		
	MGRM - Managi		Anne Marie N. 601 Brickell Ke Suite 705 Miami	Prive F1 33131		
ARTIC	(Use attachment if n LE V: Effective date fective date days after the date	e, if other than the date, the date must be sp	e of filing: ecific and cannot be more than five	(OPTIONAL) e business days prior		
•	REQUIRED SIGN	ATURE:				
	Si	gnature of a member or	an authorized representative of a mem	 ber.		
	constitutes I am aware	an affirmation under the that any false information a third degree felony as	3(3), Florida Statutes, the execution of this penalties of perjury that the facts stated he on submitted in a document to the Departm provided for in s.817.155, F.S.) Te Nisha Alian or printed name of signee	erein are true.		
	Filing Fees:					
	\$125.00 Filing Fee for Articles of Organization and Designation					

Page 2 of 2

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