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(Requestor's Name)			
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. PICK-UP WAIT MAIL			
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SCURETARY OF STATE
ANALYSEE EL GODA

D. BRUCE

APR 29 2011

EXAMINER

COVER LETTER

то:	Registration Division of	Section Corporations			
SUBJ	лест: <u>А</u> ВІ	us Tutoring Et & Name of Limited	Educational Liability Company	Services,	ムム
The en	nclosed Articles	of Organization and fee(s) are su	bmitted for filing.		
Please	e return all corre	spondence concerning this matter	to the following:		
	Char	lemagne-Var	acol Laura		_
		F	irm/Company		_
	742	6 NW 279	Ave	<u> </u>	_ _
	7 1		Address		مدد ووجد
	Mian	i Fl. 3	3150 - 352	8 HASS	— <i>i</i> 1
	Lche	rie 123@ a	State and Zip Code Dl. Com		П
		E-mail address: (to be used for	future annual report notification)	3: L	
For fu	erther information	n concerning this matter, please c	all:		
Lau	wa Char Nam	lemagne Van col	at (<u>305)</u> <u>758</u> Area Code & Daytime Tele	phone Number	
Enclo	sed is a check	for the following amount:	/		
\$125.0	0 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 enclose	
		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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE'I - Name:

The name of the Limited Liability Company is:

A Plus Intoring & Educational Services, LLC. (Must end with the worlds "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:
7426 NW 2nd Ave A 14 us & Education 18
North
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 1. 3 (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 have have magne-vanced with the street address (P.O. Box NOT acceptable) Miami 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)

ARTICLÈ IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Laura Charlemagne-Vancol 7126 NW 229 Ave. Niami Fl 33150
MGRM	Jean-Simon Janual 1426 Nu 2nd Ave. Wami Fl. 33150
(Use attachment if necessary) ARTICLE V: Effective date, if other than the coordinate of the date must be to or 90 days after the date of filing.)	date of filings Date Date (100. (OPTIONAL) especific and cannot be a ore chan-true business days prio
REQUIRED SIGNATURE:	a haven agree a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true as provided for in s.817.155, F.S.) Oarle magne - Van Colord 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)