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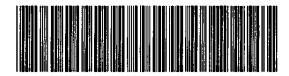
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camgar Language Tutoring L.L.C

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Garzon	
	Name of Person
Camgar Language Tutori	ng L.L.C
	Firm/Company
859 SW 147 th Terrace	
	Address
Pembroke Pines, Florida 330	
	ty/State and Zip Code
jonathan.garzonh@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	se call:
Jonathan Garzon	at (954) 668-7040
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	(additional copy is enclosed)

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI.	E	I -	Na	me:
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The name of the Limited Liability Company is:

Campar Language Tutoring L.L.C.

(Must end 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:
859 SW 147th Terrace	859 SW 147th Terrace
Pembroke Pines FI, 33027	Pembroke Pines FI, 33027

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:

Jonathan Garzon	
Nam	ne .
859 SW 147th T	errace
Florida street a	ddress (P.O. Box NOT acceptable)
Pembroke Pines	_{FL} 33027
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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Nathalia Camacho Alzate
	859 SW 147th Terrace
	Pembroke Pines FI, 33027
MGR	Jonathan Garzon
	859 SW 147th Terrace
	Pembroke Pines FI, 33027
(Use attachment if necessary)	
CW TE W. T. T. Considered data if address them at	L. J. of Silver
	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days price
0 days after the date of filing.)	to be specific and cannot be more than five business days pro-
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
/ W ()	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nathalia Camacho

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)