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(Requestor's Name)					
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(Business Entity Name)					
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EXAMINER



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ACCOUNT NO. : I2000000195

REFERENCE: 874309 4323794

AUTHORIZATION : /

COST LIMIT :

ORDER DATE: August 9, 2011

ORDER TIME : 4:41 PM

ORDER NO. : 874309-005

CUSTOMER NO: 4323794

DOMESTIC FILING

NAME:

JOHN DEMADO LANGUAGE SEMINARS

LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
	_ CERTIFIED COPY
XX	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: JOHN DEMADO LANGUAGE SEMINARS LLC 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: JOHN DEMADO Name of Person Firm/Company 125 S COLLIER BLVD #B202 Address MARCO ISLAND, FL 34145 City/State and Zip Code RVOGLER@RWVMGT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN DEMADO 239 394-5304
Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (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

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THE OM! ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARI	TC L	.t. 1	- iN:	ame:

The name of the Limited Liability Company is:

JOHN DEMADO LANGUAGE SEMINARS LLC.

(Must end with the words "Limited Liability Company "L.L.C.") ac" L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

125 S COLLIER BLVD #B202

MARCO ISLAND, FL 34145

125 S COLLIER BLVD #B202 MARCO ISLAND, FL 34145

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 basiness entity with an active Florida registration.)

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

JOHN DEMADO

Name

125 S COLLIER BLVD #B202

Florida street address (P.O. Box NOT acceptable)

MARCO ISLAND

FL 34145

City, State, and Zip

Having been named as registered ugent 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.,

ered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member JOHN DEMADO MGRM 125 S COLLIER BLVD #B202 MARCO ISLAND, FL 34145 JANE DEMADO MGR 125 S COLLIER BLVD #B202 MARCO ISLAND, FL 34145 (Her attachment if neonggony) APTICLE V: Effective date, if other than the date of filing: 06/23/2011 _. (OMIONAL) (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. 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 \$.817.155, F.S.) JOHN DEMADO Typed or printed name of signee

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

Page 2 of 2

3125.00 Filling Fee for Articles of Organization and Designation

Filing Fees:

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