

L11000124823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

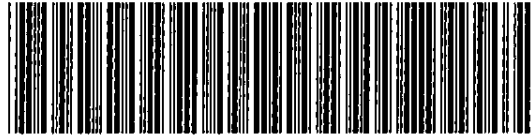
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 NOV - 2 PM 12:10

DEPT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 2 - 2011



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 965389 4339957

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : November 1, 2011

ORDER TIME : 4:33 PM

ORDER NO. : 965389-005

CUSTOMER NO: 4339957

DOMESTIC FILING

NAME: HALCYON EDUCATIONAL
TECHNOLOGY, LLC

EFFECTIVE DATE:

☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY

☒ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Halcyon Educational Technology, 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:

Jaclyn Cirillo

Name of Person

Halcyon Educational Technology, LLC

Firm/Company

200 East Palmetto Park Road, Suite 2

Address

Boca Raton, Florida 33432

City/State and Zip Code

dcc@glglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel C. Callaway

Name of Person

at (212) 809-4220

Area Code & Daytime Telephone 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
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

11 NOV - 2 PM 12:10
SECRET
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Halcyon Educational Technology, LLC

(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:

200 East Palmetto Park Road, Suite 102
Boca Raton, Florida 33432

Mailing Address:

same

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:

Jaclyn Cirillo

Name

200 East Palmetto Park Road, Suite 2

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

Boca Raton

FL 33432

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.

Jaclyn Cirillo

By: Jaclyn Cirillo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jaclyn Cirillo

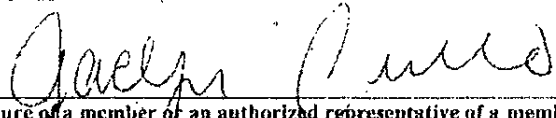
200 East Palmetto Park Road, Suite 2

Boca Raton, Florida 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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 s.817.155, F.S.)

Jaclyn Cirillo

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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