#L11000130011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400214241854

EFFECTIVE DATE
11-14-2011

11/14/11--01036--009 **155.00

FILED
11 NOV 14 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 15 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Academic Solutions Academy
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:

Andrew Kinlock
Name of Person

Academic Solutions Academy
Firm/Company

6 Country Lake Trail
Address

Boynton Beach, Florida 33436-6218
City/State and Zip Code

kinlock1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald J. Luongo at (954) 295-6157
Name of Person — 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

EFFECTIVE DATE 11-14-2011

Academic Solutions Academy, 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:	**Mailing Address:**
6 Country Lake Trail	
Boynton Beach,	
Florida, 33436-6218	

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:

Gerald J. Luongo
Name

531 North Ocean Blvd. #1606
Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach FL 33062
City, State, and Zip

FILED
11 NOV 14 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Meera Patel 6030 South Military Trail Lake Worth, FL. 33463
MGRM	Rachel Amburgey 1605 Renaissance Way Blvd. #423 Boynton Beach, FL. 33426
MGRM	Ellen Grucisen 2400 NE 16TH St., #206 Pompano Beach, FL. 33062
MGRM	Andrew Kinlock 6 Country Lake Trail Boynton Beach, FL. 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-14-2011. (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:

Andrew Kinlock
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.)

Andrew Kinlock, Secretary
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)