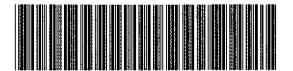
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Cuilinary Institute of	the Americas	
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jeffrey Stone		
	Name of Person	
Culinary Institute of the	Americas	
	Firm/Company	
201 S. Biscayne Blvd.	2877	
	Address	
Miami, FL 33130	•	2012 JAN 2 SEGRETAN
•	y/State and Zip Code	
Jstone@stonelegallic.com E-mail address: (to be used f	or future annual report notification)	
For further information concerning this matter, please	-	SE SUR SE SUR SE SUR
Jeffrey Stone	at (617) 3195824	
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	Certified Copy Cer (additional copy is enclosed) Cer	60.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CT	F	T.	_ N	a	m	۵.
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The name of the Limited Liability Company is:

Culinary Institute of the Americas 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:	
201 S. Biscayne Blvd. 2877 Miami, FL 33130	201 S biscayne blvd. 287 Miami, FL 33130	7
(The Limited Liability Company cannot serve business entity with an active Florida regist	nt, Registered Office, & Registered Agent ve as its own Registered Agent. You must designate an inditration.) ddress of the registered agent are:	vidual or another
Jeffrey Sto		ZOIZ JAN 20 SECHETARN
Name		
201 S. Biscayne Blvd. suite 2877		AN 20 FIARY
- 444	Florida street address (P.O. Box NOT acceptable)	inc - tolkin
Miami	_{FL} 33130	(1)
	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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Jeffrey Stone

201 S. biscayne blvd. suite 2877

Miami FL, 33130

MGR

Ellis Stone

201 S. Biscayne Blvd. suite 2877

Miami FL, 33130

(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.)

Jeffrey Stone

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)