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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : 120100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| SMALL . | Address: | |
|---------|----------|--|

FLORIDA LIMITED LIABILITY CO. IVY EDUCATIONAL MANAGEMENT, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

C. LEWIS FEB 2 3 2012

EXAMINER

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| ARTICLES OF ORGANIZATION FOR F | SECRETARY OF STATE TALLAHASSEE FLORIDA LORIDA LIMITED LIABILITY COMPANY |
|--|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | ; |
| IVY EDUCATIONAL MANAGE | |
| (Must end with the words "Limited Liabl | Ifty Company, ALL,C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3580 WEST 84TH STREET | 3580 WEST 84TH STREET |
| HIALEAH, FL. 33018 | HIALEAH, FL. 33018 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an autive Plorida registration.) | Bered Agent. You must designate an individual or enother |
| The name and the Florida street address of the | registered agent are: |
| ALEXIS A. TEJEDA | <u> </u> |
| Name | |
| 3580 WEST 84T | |
| Florida etmet ad | Arres (P.O. Roy NOT acceptable) |

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.,

City, State, and Zip

Registered Agent's Signature (REQUIRED)

HIALEAH

(CONTINUED)

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| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Mcmber | Name and Address: |
|--|-----------------------|
| MGR | ALEXIS A. TEJEDA |
| | 3580 WEST 84TH STREET |
| | HIALEAH, FL. 33018 |
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| (Use attachment if necessary) | , |
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| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | |