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J. BRYAN

AUG 2 0 2012

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: EVERBRIGHT FUTURE EDUCATIONAL GROUP, USA

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:

BEILING ZOU BELFIELD
Name of Person
EVERBRIGHT FUTURE EDUCATIONAL GROUP, USA
Firm/Company
1809 E BROADWAY STREET, SUITE198 Address
Address
OVIEDO EL 32765
City/State and Zip Code
BEILING78@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BEILING ZOU BELFIELD at (407 697-9508
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVERBRIGHT FUTURE EDUCATIONAL GROUP USA, 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:	Maining Address:
1809 E BROADWAY STREET	1809 E BROADWAY STREET
SUITE 198	SUITE 198
OVIEDO, FL32765	OVIEDO, FL32765
	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another Effective Date 08/28//
BEILING ZOU BE	LFIELD
	Name
1809 E BROADW	AY STREET, SUITE198
Florida st	reet address (P.O. Box NOT acceptable)
OVIEDO,	_{FL} 32765
	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)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	Traine and Pader Cook
'MGRM" = Managing Member	
Tributing tribution	To the second
MGRM	BEILING ZOU BELFIELD
	1809 E BROADWAY STREET, SUITE198
	OVIEDO, FL32765
(Use attachment if necessary)	
•	
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business day 2. Best Laborated Tepresentative of a member. 28.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business da between the control of this document ler the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business day 2. Best Laborated Tepresentative of a member. 28.408(3), Florida Statutes, the execution of this document

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)