

10/26/2030 06 09

#1620 P.001/003

L12000156471

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000293704 3)))



H120002937043ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SMART EDUCATIONAL GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

12 DEC 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 14 AM 7:28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

DEC 17 2012

T. HAMPTON

H12000293704

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Smart Educational Group 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:7990 SW 117 Ave Suite 210
Miami, FL 33183**Mailing Address:****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:

Virginia Garcia

Name

7990 SW 117 Ave Suite 210Florida street address (P.O. Box **NOT** acceptable)Miami FL 33183

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.

C. Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H12000293704

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 14 AM 7:28

H12000293704

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

VIRGINIA GARCIA
7990 SW 117 Ave Suite 210
MIAMI, FL 33176

(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.)

VIRGINIA GARCIA

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)

H12000293704

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 DEC 14 AM 7:28