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.

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

Tot

Division of Corporations

Fax Number : (850) 617-6383

L. SELLERS

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305) 552-5973 Phone : (305)220-1440 Fax Number

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

FLORIDA LIMITED LIABILITY CO. EDUCATIONAL INVESTMENTS AT VENETIAN LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name:	; ;	
The name of the Limited Liability Company is	:	
,		
Educational stuves	tment at Venetian U.C.	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	orincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7990 SW 117 Ave sute 210	sme	
7990 SW 117 Ave sufe 210		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another	
The name and the Florida street address of the	registered agent are:	
Tresiver	GARLIA	
7990 ((1) 117 8	AVE SUITE 210 Edress (P.O. Box NOT acceptable)	
Florida street ac	ddress (P.O. Box NOT acceptable)	
WiAm 1 City, State,	FL 33463	
City, State,	, and Zip	
liability company at the place designated in registered agent and agree to act in this capaci	a accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and	
accept the obligations of my position as reg	ristered agent as provided for in Chapter 608, F.S	
() M	A 0. 0 Z = 3	
Registered Agent's Sign	(REQUIRED)	
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Page 1	a r	

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) yped or printed name of signce

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