

**C13000094170**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: **CAIL S ANDRE**  
Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.  
Account Number : 072720000035  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

2013 JUL - 1 AM 9:30  
SECRETARY OF STATE  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.**

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**FLORIDA LIMITED LIABILITY CO.  
EFA EDUCATION, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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**ARTICLES OF ORGANIZATION  
OF  
EFA EDUCATION, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is EFA EDUCATION, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the initial principal office of the Company is 3300 University Boulevard, Suite 218, Winter Park, Florida 32792.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is James F. Heekin, Jr.

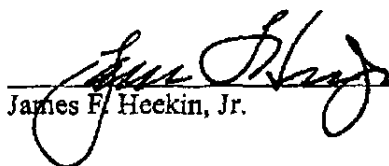
**ARTICLE IV - MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. SFCA, LLC, a Florida limited liability company, shall be the initial manager.

  
\_\_\_\_\_  
Signature of a Member or an Authorized Representative of a Member  
James F. Heekin, Jr.  
\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
\_\_\_\_\_  
James F. Heekin, Jr.