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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | 8 , | | · |
|----------------|----------------------------------|---|--|--|-------------------|-------------|
| SUBJ | _{ECT:} BlueSky | y Education Services, | LLC | | | |
| | | Name of Limit | ted Liability Con | npany | | |
| The er | nclosed Articles o | of Organization and fee(s) are | submitted for fil | ing. | | |
| Please | return all corresp | oondence concerning this matt | er to the followi | ng; | | |
| | Elaine M. Gı | rohol | | | | |
| | | | Name of Person | | | |
| | BlueSky Edu | ucation Services | | | | _ |
| | | | Firm/Company | | | |
| | 11835 Jame | s Bay Drive | | | | <u> </u> |
| | | | Address | | | |
| | Orlando, FL | 32827 | | | g | والمعط |
| | | Cit | ty/State and Zip C | ode | | Care |
| , | elaingro@ya | | | | n) F | , also |
| | * | E-mail address: (to be used | for future annual r | eport notification | n) 💯 🤼 | . 2 |
| For fu | rther information | concerning this matter, please | : call: | • | | 21 P. 4: 13 |
| Elain | ine M. Grohol at (407) 973-8973 | | | | | |
| | Name | of Person | Area Co | ode & Daytime T | Telephone Number | i Ca |
| Enclo | sed is a check f | or the following amount: | | | | |
| 1 \$125 | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | S155.00 Fi Certified (additional c | • | | of Status & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regist Divisio Cliftor 2661 E | /Courier Addr ration Section on of Corporation Building Executive Cent | ions er Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| BlueSky Education Services, LLC | |
|---|--|
| (Must end with the words "Limited Lia | bility 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: | Mailing Address: |
| 11835 James Bay Drive | 11835 James Bay Drive |
| Orlando, FL 32827 | Orlando, FL 32827 |
| | |
| business entity with an active Florida registration.) The name and the Florida street address of the Elaine M. Grohol | |
| Nan | e 55: 27 |
| 11835 James Bay Drive | - T - T - T - T - T - T - T - T - T - T |
| Florida street a | ddress (P.O. Box NOT acceptable) |
| | |
| Orlando, FL 32827 | |
| | State, and Zip |
| City. Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and complete. | |
| City. Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and complete. | State, and Zip o accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with |

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

| | " = Manager M" = Managing Member | Name and Address: |
|-----------------------------|---|---|
| MGR | | Elaine M Grohol 11835 James Bay Drive Orlando, FL 32827 |
| | | |
| | | TAL A 21 |
| | | PR 4: 4+ |
| (Use at | tachment if necessary) | |
| n effective r to or 90 e | | e date of filing: December 1, 2013 (OPTIONAL) at be specific and cannot be more than five business d |
| | Elain | um Grobert, |
| | | er or an authorized representative of a member. |
| | constitutes an affirmation unde I am aware that any false infort | 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) |
| | Elaine M. Groho | yped 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)