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SECRETARY OF STATE

APR 0 7 2014

S. YOUNG



- COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJE	CT: RADBUURNE ORL	AMOO LEARNING LL	-
		mited Liability Company	
The enc	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	return all correspondence concerning this n	-	
	JOHN VAN C	uer	
	•	Name of Person	
	RADBOURNE ORLAND	DO LEARNING LLC	
		Firm/Company	
	5250 INTERNATIO	IMAL DRIVE	
	ORLANDO, PL.	32619 City/State and Zip Code HD BOURNE PROPERTY 6.	
	TVANICIÈE O	City/State and Zip Code	and a con
	E-mail address: (to be use	ed for future annual report notification)	ROP. COM
For furt	ther information concerning this matter, ple		
	Name of Rosson at (112 918-0640 Area Code Daytime Telephone Nur	nhar
	Name of Person	Area Code Daytine rereptione Nut	noei
Enclose	ed is a check for the following amount:		
\$125.00	0 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified Certified Copy	Diffling Fee, cate of Status & cd Copy d copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building	MALLA.

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	ЪŢ	ľ	F	1 _	Na	ma

The name of the Limited Liability Company is:

RADBOURNE ORLANDO LEARNIN 6 LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
5250 INTERNATIONAL DEIVE	555 5TH AVENUE
ORLANDO FL 32819	New YORK, NY 10017
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registrate	vn Registered Agent. You must designate an individual or
The name and the Florida street address of the register	•
Nar	ne
<u> </u>	MONAL ORIVE
Ftorida street address (P.O. B	ox NOT acceptable)
OR LAUDO	' _{FL} 320/7
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Ch	service of process for the above stated limited liability company ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S [NUED]
Page 1	na Tana
	PR T

<u>Γitle:</u>	Name and Address:
"AMBR" = Authorized Member	- 1/ A
"MGR" = Manager	JOHN VAN CUCT 555 5M NENVE . 14th Floor NY NY 10017
AMDR, MER	SIGN VALUE . I LI Ph Class
	333 374 /W 10017
	NY NT 10017
(Use attachment if necessary)	
(Use attachment if necessary)	1000 1 28111
	ne of filing: APRIL 1, 2014 (OPTIONAL)
E V: Effective date, if other than the da ective date is listed, the date must be s	ne of filing: <u>APRIL 1, ZVI 4</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
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ARTICLE IV-

Page 2 of 2

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)