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T. BROWN

## COVER LETTER .,

то:	Registration Division of C			
SUBJE	CT: <u>Internati</u>	onal Virtual Academic Su Name of Lir	pport Team, LLC nited Liability Company	
The encl	osed Articles	of Organization and fee(s) an	re submitted for filing.	
Please re	eturn all corres	pondence concerning this m	atter to the following:	
	Chanta F	erreli	Name of Person	
	Internation	nal Virtual Academic Sup	port Team, LLC Firm/Company	
	7501 Citre	us Ave Unit 2002	Address	
	Goldenro	d, FL 32733-2002	City/State and Zip Code	
ferr	ellc@internat	ionalvast.com E-mail address: (to be use	d for future annual report notifica	tion)
For furth	er information	concerning this matter, plea	ase call:	
<u>Chanta</u>		e of Person	321 ) <u>543-0224</u> Area Code Daytime Tel	ephone Number
Enclosed	f is a check for	the following amount:		
\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N.F21	i-a Adduosa	Street/Courier Add	*0.00

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLE I - Name: The name of the Limited Liability Company is: International Virtual Academic Support Team, 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: Mailing Address: 7501 Citrus Ave Unit 2002 Goldenrod, FL 32733 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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Chanta ⊢erre	:II		_
	Nat	ne	
815 Paw Pav	v Street		
Florida street	address (P.O. B	Sox NOT acceptable)	
Cocoa		FL 32922	
	City	7in	

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Chanta Ferrell
IVIOR	P.O. Box 2002
	Goldenrod, FL 32733
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And the Mark Hard State	
(Use attachment if necessary)	
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