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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (888) 617-6383

From:  
Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.  
Account Number : I20130000067  
Phone : (954) 990-0606  
Fax Number : (888) 400-5537

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

The Wisdom of Solomon School of Excellence, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Wisdom of Solomon School of Excellence, LLC.  
(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

18459 Pines Blvd, Suite #497  
Pembroke Pines, FL  
33029

Mailing Address:

18459 Pines Blvd, Suite #497  
Pembroke Pines, FL  
33029

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 another business entity with an active Florida registration.)

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

Symone A. Solomon  
Name

18459 Pines Blvd, Suite #497  
Florida street address (P.O. Box NOT acceptable)

Pembroke Pines FL 33029  
City Zip

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.

Symone A. Solomon  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Mgr.

Mgr.

**Name and Address:**

David A. Solomon  
18459 Pines Blvd, Suite # 497  
Pembroke Pines, FL 33029

Symone A. Solomon  
18459 Pines Blvd, Suite # 497  
Pembroke Pines, FL 33029

(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.)

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

Symone A. Solomon

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Symone A. Solomon  
Typed or printed name of signer

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