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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: <u>DK Lea</u>	arning LLC Name of Lir	nited Liability Company	<del></del>
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
Paulo D	e la Oşa	Name of Person	· · · · · · · · · · · · · · · · · · ·
DK Lear	ning LLC		
DIVLEGI	TIMING LEO	Firm/Company	
<u>1225 He</u>	eron Avenue	Address	
<u>Miami S</u>	orings, FL 33166	City/State and Zip Code	
paulodelaosa@	amail com	d for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
Paulo De la Osa Nar	at (at (at (	305 ) 491-7936 Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
<u>Ma</u>	iling Address	Street/Courier Add	ress

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
OK Leaning LLC  (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1225 Heron Avenue Miami Springs, FL 33166	1225 Heron Avenue Miami Springs, FL 33166
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Paulo De la Osa	ALL
Name	AH SE
1225 Heron Avenue	
Florida street address (P.O. Box	
Miami Springs	FI. 33166
City	Zip COT E CO
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the 605, F.S

Page 1 of 2

(CONTINUED)

MGR" = Manager    Main   Springs   FL 33166     Main   Springs   FL 33166     Main   Springs   FL 33167     Main   Springs   FL 33157     Main   Springs   F	<u>Title:</u>	Name and Address:
AMBR  Paulo De la Osa 1225 Heron Avenue Miami Springs. FL 33166  Esther Kirby 7860 SW 172 Terrace Palmetto Bay. FL 33157  V: Effective date, if other than the date of filing: Pittive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.)  Paulo De la Osa Typed 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)	"AMBR" = Authorized Member	
Use attachment if necessary)  V. Effective date, if other than the date of filing:  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 as a third degree felony as provided for in s.817.155, F.S.)  Paulo De la Osa  Typed or printed name of signee  Filing Fees:  \$12.50 Filing Fees:  \$12.50 Filing Fees:  \$12.50 Filing Fees:  \$12.50 Filing Fees:	"MGR" = Manager	
Miami Springs, FL 33166  Esther Kirby 7860 SW 172 Terrace Palmetto Bay, FL 33157 Palmetto B	AMBR	Paulo De la Osa
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ARTICLE IV-