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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINO-US EDUCATION AND CULTURE EXCHANGE SERVICE LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEINLIN	LIANG		
		Name of Person	
		Firm/Company	
18622 SI	EA TURTLE LN		· · · · · · · · · · · · · · · · · · ·
		Address	
BOCA RA	ATON, FL 33498		
	C	ity/State and Zip Code	
SENLIN.LIANG	@GMAIL.COM E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
SENLIN LIANG Nan	at (<u>f</u>		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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SINO-US EDUCATION AND CULTURE EXCHANG	SE SERVICE LLC.
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18622 SEA TURTLE LN BOCA RATON, FL 33498	18622 SEA TURTLE LN BOCA RATON, FL 33498
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother 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	agent are
SENLIN LIANG Name	
name	
18622 SEA TURTLE LN	NOT
Florida street address (P.O. Box	NOT acceptable)
BOCA RATON	FL 33498
City	Zip
the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for interest for the complete for the complete performance of the complete for the
Registered Agent's Signat	(REQUIRED)
(CONTINUE	ED)
Page 1 of 2	Sign

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	SENLIN LIANG
	18622 SEA TURTLE LN
	BOCA RATON, FL 33498
MGR	QIUMIN DONG
	18622 SEA TURTLE LN
	BOCA RATON, FL 33498
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
LE V: Effective date, if other than the o	date of filing: (OPTIONAL)
EV: Effective date, if other than the cleative date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o
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EV: Effective date, if other than the confective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the confective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
E V: Effective date, if other than the confective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member.
E V: Effective date, if other than the coective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the cective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member of
E V: Effective date, if other than the constitutes an affirmation of I am aware that any false in I am aware that a aware that a awa	member or an authorized representative of a member of

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)

ARTICLE IV-