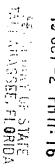
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OCT n 8 2015

S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kimberly's Educational Services 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:
Brian Augustin
Name of Person
Firm/Company
17915 SW 35th St. Address
Miramar Florida 33029 City/State and Zip Code Qugustinb + Com(astine) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Augustin at (954) 629-7191 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \text{\$\frac{160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}}{\text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Kinberly's Educational Services 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:
17915 SW 35th St.	17915 SW 35th St. Miranar Fi 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:

Brian Augustin

Name

17915 SW 35th St.

Florida street address (P.O. Box NOT acceptable)

Misanar FL 33029

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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MBR" = Authorized Member (GR" = Manager AMBR AMBR 17915 SW 35th St. Miranat FL 33029 Brian Augustin 17915 SW 35th St. Miranat FL 33029 Brian Augustin 17915 SW 35th St. Miranat FL 33029 We attachment if necessary) The Effective date, if other than the date of filing: We date is listed, the date must be specific and cannot be more than five business days prior to or
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nt's effective date on the Department of State's records. I: Other provisions, if any.
OUIRED SIGNATURE: Lin Claratur
Signature of a member or an authorized representative of a member.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute
Signature of a member or an authorized representative of a member.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Sta
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Statute constitutes a third degree felony as provided for in s.817.155, F.S.
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ARTICLE IV-

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