

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000157620
FILED 8:00 AM
August 23, 2016
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
POLITECNICO FORT MYERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3900 BROADWAY
FORT MYERS, FL. 33901

The mailing address of the Limited Liability Company is:
10090 NW 80 CT
1126
MIAMI LAKES, FL. 33016

Article III

Other provisions, if any:
TUTORING, TRAINING, CLASS HVAC.

Article IV

The name and Florida street address of the registered agent is:
ALEJANDRA M ACOSTA
10090 NW 80 CT
1126
MIAMI LAKES, FL. 33016

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.

Registered Agent Signature: ALEJANDRA ACOSTA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
ALEJANDRA M ACOSTA
10090 NW 80 APT#1126
MIAMI LAKES, FL. 33016

Title: AMBR
JULIO C ZWEZ
11747 SW 99 LN
MIAMI, FL. 33186

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Article VI

The effective date for this Limited Liability Company shall be:

08/23/2016

Signature of member or an authorized representative

Electronic Signature: ALEJANDRA ACOSTA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.