

**L17000180894**

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
SCHOOL OF PRACTICAL SKILL, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**School of Practical Skill, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

11251 NW 20<sup>th</sup> Street Unit 119,  
Miami FL 33172

**Mailing Address:**

11251 NW 20<sup>th</sup> Street Unit 119,  
Miami FL 33172

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**CARLOS DANIEL CORTESI**

11251 NW 20<sup>th</sup> Street Unit 119, Miami FL 33172

*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

(CONTINUED)

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**ARTICLE IV – Manager(s) or Authorized Member(s):**

The name and address of each Manager or Authorized Member is as follows:

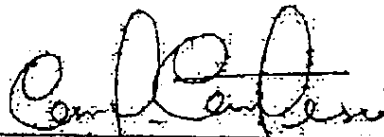
**Title:**

**Name and Address:**

AMBR

**CARLOS DANIEL CORTESI**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.02103(3)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CARLOS DANIEL CORTESI**

Typed or printed name of signer

11:05 AM 08/27/17

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