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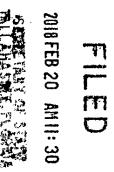
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	New Filing Section Division of Corporations		
SUBJECT	EDUITY EDUCATIONAL SERVICE	ES, LLC	
SOBILE		ited Liability Company	
The enclos	osed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	turn all correspondence concerning this mat	ter to the following:	
	Denise Cotton		
	 	Name of Person	
	EDUITY EDUCATIONAL SERVICES	, LLC	
		Firm/Company	
	6094 14th St W #310		
		Address	
	Bradenton, Florida 34207		
	Cit info@eduitynow.com	ty/State and Zip Code	
		or future annual report notification)	
For further i	information concerning this matter, please	call:	
	Denise Cotton	313 286-4100	
		ea Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$\ \tag{Status} \tag{Status} \tag{Certificate of Status}	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) Certified Copy (additional copy)	Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:

EDUITY EDUCATIONAL SERVICES, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	30 S	2018	
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	the Limited Liability Company is:) FEB	F
Principal Office Address:	Mailing Address:		8 20	
6094_14th St W #310	6094 14th St W #310			ما إ
Bradenton, Florida 34207	Bradenton, Florida 34207	ارس ارائي ديونيون		<u></u>
ARTICLE III - Registered Agent, Registered Office & Regis	stand Agant's Signature.		30	

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:

Denise Cotton		
	Name	
6094 14th St W #31	10	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Bradenton	Florida	34207
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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager MGR	Denise Cotton
	MOK	6094 14th St W PMB 310
		Bradenton, Florida 34207
	AMBR	Del Cotton
		6094 14th St W PMB 310
		Bradenton, Florida 34207
	(Use attachment if necessary)	
\RT	CLE V: Effective date, if other than the	date of filing: . (OPTIONAL)
If an he da <u>Note</u> the d	effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
If an he da <u>Note</u> the d	effective date is listed, the date must be ate of filing.) If the date inserted in this block does n	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
If an he da <u>Note</u> the d	effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
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If an he da <u>Note</u> the d	effective date is listed, the date must be ate of filing.) If the date inserted in this block does no cument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
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If an he da <u>Note</u> the d	effective date is listed, the date must be ate of filing.) If the date inserted in this block does no ocument's effective date on the Departm CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. In member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State

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)