## Division of Corporations **Electronic Filing Cover Sheet**

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(((H180001576423)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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## FLORIDA LIMITED LIABILITY CO. EDU GROUP LLC.

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May 23, 2018

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: EDU GROUP LLC.

REF: W18000049004

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Jessica A Fason Regulatory Specialist II FAX Aud. #: H18000157642 Letter Number: 118A00010724

ARTICLESOF	ORGANIZATION FOR	FLORIDALIMITED	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
EDU GROUP LLC			at Y A > (T I A '')	
(Must conti	in the words "Limited	Славину Сотрапу.	"LL.C., or LLC.)	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited	Liability Company is:	
Principa	I Office Address:		Mailing Address:	
520 BRICKELL KEY	ď DR.	520	BRICKELL KEY DR	
#A1619		∉A I		
MLAMI, FL 33131		<u>M14</u>	MI. FL 33131	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own crive Florida registratio	Registered Agent. n.)	nt's Signature: You must designate an individual o	r
	EMRE BARLAS			
		Name		
	520 BRICKELL KE	Y DR. #A1619		
	Florida street addres	s (P.O. Box <u>NOT</u> s	cceptable)	
	MIAMI	FL	33131	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro-	I hereby necept the appositions of all statutes re	ointment as register elating to the prope	e above stated limited liability composed agent and agree to act in this caper and complete performance of my disas provided for in Chapter 605, F.S.	pacity. L uties, and L

(CONTINUED)

Registered Agent's Signature (REQUIRED)

18 MAY 23 AH 9: 20

Title:	Name and Address:
"AMBR" = Authorized Member	<u> </u>
"MGR" = Manager	
MGR 50%	EMRE BARLAS
	520 BRICKELL KEY DR. #A1619
	MIAMI, FL 33131
AMBR 50%	MUGE SIMLA BARLAS
	520 BRICKELL KEY DR. #A1619
	MIAMI, FL 33131
<del></del>	
	,
TICLE V: Effective date, if other than the date on effective date is listed, the date must be sp date of filing.)	e of filing:  . (OPTIONAL)  Decidic and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed
te: If the date inserted in this block does not t	
te: If the date inserted in this block does not a document's effective date on the Department	
te: If the date inserted in this block does not a document's effective date on the Department	
te: If the date inserted in this block does not it document's effective date on the Department FICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:	of State's records.

Typed or printed name of signee

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