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FLORIDA LIMITED LIABILITY CO. College Transition Empowerment LLC

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ARTICLES OF ORGANIZATION OF COLLEGE TRANSITION EMPOWERMENT LLC

ARTICLE I - NAME

The name of the limited liability company is College Transition Empowerment LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 27227 Pullen Avenue, No. A3 Bonita Springs, Florida 34135 Mailing Address: 27227 Pullen Avenue, No. A3 Bonita Springs, Florida 34135 2018 OCT 17 AM 5: 37 SECRETARY OF STATE TALLAHAS SEE, FL

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

David Carson 27227 Pullen Avenue, No. A3 Bonita Springs, Florida 34135

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.

Richard D. Lyons, as attorney-in-fact for

David Carson

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

David Carson

27227 Pullen Avenue, No. A3 Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any 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.

Richard D. Lyons

Typed or printed name of signce