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Special Instructions to I	Filing Officer:	

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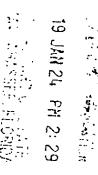
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	Ultrasound Educational Solutions, LLG	
SUBJECT		ted Liability Company
The enclos	osed Articles of Organization and fee(s) are	submitted for filing.
Please retu	urn all correspondence concerning this mat	ter to the following:
	Soren Brockdorf, CPA MBA	
		Name of Person
	Brockdorf, Melchar & Bowie PA	
		Firm/Company
	2627 N W43rd Street, STE 301	
		Address
	Gainesville, FL 32606	
	Ci- pegehring@gmail.com	y/State and Zip Code
	E-mail address: (to be used f	or future annual report notification)
For further i	information concerning this matter, please	call:
	Soren Brockdorf 352	
		a Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	USPS Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FedEx Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ultrasound Educational Solutions, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t Principal Office Address:	he Limited Liability Company is: <u>Mailing Address</u> :
4538 Ortega Forest Dr., Jacksonville, FL 32210	4538 Ortega Forest Dr., Jacksonville, FL 32

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

another business entity with an active Florida registration.)

	Name	
2627 NW 43rd Stree	et. STE 301	
	ss (P.O. Box <u>NOT</u> a	eceptable)
Gainesville, FL 3260	96	

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 (REOURED)

(CONTINUED)

19 JAN 24 PH 2: 29

Title:		Name and Address:	
Manager		Petra Duran-Gehring	_
		4538 Ortega Forest Dr., Jacksonville, Fl. 32210	•
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/Ulen attaab	ment if necessary)		
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