

L19000044169

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000058843 3)))



H190000588433ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
EDUMEDIA INTERNATIONAL LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C RICO  
FEB 20 2019

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 20 PM 4:14

2019 FEB 20 PM 2:21

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")*

EDUMEDIA INTERNATIONAL LLC.

**ARTICLE II - Address:**

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

4761 N.W 72 AVENUE  
MIAMI FLORIDA 33166

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 20 PM 4:14

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

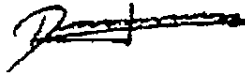
DARIO JIMENEZ MEDINA  
4761 N.E 72 AVENUE  
MIAMI FLORIDA 33166

**ARTICLE IV-**

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

FABIAN OSWALDO TORIJANO MUÑOZ    MANAGER  
DARIO JIMENEZ MEDINA                AUTHORIZED MEMBER

**Required Signatures:**



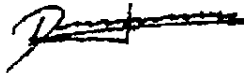
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 §.817.155, F.S.

\_\_\_\_\_  
**DARIO JIMENEZ MEDINA**

**Typed or printed name of signee**

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)**