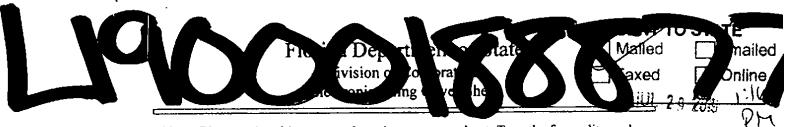


Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6391

From:

: HUBCO Account Name

Account Number: 104662003400 : (516)935-3940 Phone

: (516)935-3088 Fax Number

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

Email Address: HOMESCHOOL4U@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. INTERNATIONAL HOME EDUCATION LEARNING CENTER LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

→ 18506176381

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

INTERNATIONAL HOME EDUCATION LEARNING CENTER LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Malling Address:
327 S. COUNTY ROAD 13	327 S. COUNTY ROAD 13
ORLANDO, FL 32833	ORLANDO, FL 32833

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:

CLARIBEL TORRES	
Na	me
327 S. COUNTY ROA	D 13
Florida street address (P.O. I	Box NOT acceptable)
ORLANDO	FL 32833
City	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)

CLARIBEL TORRES

(CONTINUED)

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	Name and Address:
"MGR" = Manager	CLARIBEL TORRES
MGR	327 S. COUNTY ROAD 13
	ORLANDO, FL 32833
(Use attachment if necessary)	
effective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
n effective date is listed, the date must be state of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
n effective date is listed, the date must be sate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 da
REQUIRED SIGNATURE: Signature of a R (In accordance with section constitutes an affirmation I am aware that any false	pecific and cannot be more than five business days prior to or 90 days period or 90

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