Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

••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.

Market Wizard Academy LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

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The name of the Limited Liability Company is.

Market Wizard Academy LLC

(Must conatin 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:

Mailing Address:

12001 Research Park Orlando, FL, US, 32			001 Research Parkway, Suite lando, FL, US, 32826	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent	ent's Signature: . You must designate an indiv	2019 DEC - 3
The name and the Florida street	address of the registered	agent are.		PK 12:
	LEGALING CORPO	RATE SERVICE	SINC.	
		Name		20
	5237 SUMMERLIN			
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)	
	FORT MYERS	FL.	33907	
	City	State	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 Agen's Signature BEQUIRED

(CONTINUED)

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

<u>Title:</u>		Name and Address:	
"AMBR" = "MGR" = }	- Authorized Member		
AMBR	· · · · · · · · · · · · · · · · · · ·	William Saunders 12001 Research Parkway Suite 236 Orlando, FL, US, 32826	
AMBR	<u></u> .	Elias Walker 12001 Research Parkway Suite 236 Orlando, FL, US, 32826	> 6 78
AMBR		Emahni Richardson 12001 Research Parkway Suite 236 Orlando, FL, US, 32826	90EC -3 P
(Use attach	nment if necessary)		
an effective date e date of filing.) ote: If the date in	is listed, the date must be	specific and cannot be more than five business do not meet the applicable statutory filing requirements	
	r provisions, if any.	on of state a records	
- Osk	piorisions, it may.		
REOUIRI	ED SIGNATURE:	ancy Rina	
	This document is exe I am aware that any f	member or an authorized representative of a mecuted in accordance with section 605.0203 (1) (b), also information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	, Florida Statutes.
	Nancy Luna		
		Limbal or neinted name of cionas	
		Typed or printed name of signee	

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)