Fax Copy10th

Ø0001/0002



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.

(((H21000159298 3)))



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 : SHUTTS & BOWEN LL	.P (ORLANDO)			
Account Number : I20030000004 Phone : (407)835-6769				
Fax Number : (407)843-4076				
			28	
**Enter the email address for this business			2021 APR	201 *2 - *
annual report mailings. Enter only one		ease.**	ر لاط	• •
Email Address:			\sim	Tu
			- :	
			- AM	-
FLORIDA LIMITED LIA	BILITY CO.		AM 11: 84	 -
Stockworth Universi	ty, LLC		θų.	
Certificate of Status	0			
Certified Copy	0			4 mil
Page Count	02	4		
Estimated Charge	\$125.00		-	A
			, -	· · · ·
			 ., ī	7 ;
			65	
		· - '		
	lenu	Help		

A 0002/0002

(((H21000159298 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

STOCKWORTH UNIVERSITY, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

4705 South Apopka Vineland Road Suite 210 Orlando, FL 32819

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

1296 Hempel Avenue Windermere, FL 34786

ARTICLE IV - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Mark Allen Hayes.

ARTICLE V - Registered Agent and Office and Registered Agent's Signature

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

Mark Allen Hayes 4705 South Apopka Vineland Road Suite 210 Orlando, FL 32819

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. Thereby 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, Florida Statutes.

Mark Allen Haves, Registered Agent -0 411 Signature of a member or an authorized representative of a member N) Mark Allen Hayes, Authorized Representative

(In accordance with section 605 0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation inder 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 s.817.155, Florida Statutes)

ORLDOCS 186021671

(((H21000159298 3)))

 $\frac{2}{2}$