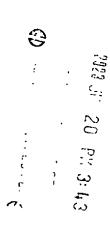
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| (C | ity/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Name) | |
| ,- | ···-, | |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ing Officer: | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Ponder's Printing - Thom seute: GA ATC

| INSTITUTO ON LINE EDUCATIVO LLC | _ |
|------------------------------------|--------------------------------|
| Please Debit FCA000000003 For: 130 | |
| Thank you Seth Neeley | |
| Thank you sent neerey | |
| Atta/ | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Сеп. Сору |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| , | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| Signature | Vehicle Search |
| | Driving Record |
| Requested by: seth | UCC 1 or 3 File |
| | UCC 11 Search |
| Name Date Time | UCC II Retrieval |
| Walk-In Will Pick Up | Courier |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

| | INSTITUTO ON LINE I | DUCATIVO LLC | | |
|--|--|---|-----------------------------------|--|
| (Must cor | ntain the words "Limited Li | ability Company, "L. | L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street | address of the principal off | ice of the Limited Lia | ability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 255 ARAGON AVENUE | | 255 ARAGON AVENUE | | |
| 2ND FLOOR | | | 2ND FLOOR | |
| CORAL GABLES. | FL 33134 | <u> </u> | . GABLES, FL 33134 | |
| another business entity with an The name and the Florida stree | active Florida registration taddress of the registered a | gent are: | a must designate an individual or | |
| another business entity with an | active Florida registration t address of the registered a ABITOS PL | gent are: | a must designate an individual or | |
| another business entity with an | active Florida registration t address of the registered a ABITOS PL |) gent are: LC Name | a must designate an individual or | |
| another business entity with an | active Florida registration t address of the registered a ABITOS PL | gent are: LC Name UE, 2ND FLOOR | | |
| another business entity with an | active Florida registration t address of the registered a ABITOS PL 255 ARAGON AVEN | gent are: LC Name UE, 2ND FLOOR | | |
| another business entity with an | active Florida registration t address of the registered a ABITOS PL 255 ARAGON AVEN Florida street address (| gent are: .C Name UE, 2ND FLOOR P.O. Box NOT acce | ptable) | |

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | JUAN CARLOS PIOMBO |
| | 255 ARAGON AVENUE, 2ND FLOOR |
| | CORAL GABLES, FL 33134 |
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| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| ARTICLE V. Effective date, if other than the | e date of filing: (OPTIONAL) |
| Aff an effective date is listed, the date must | be specific and cannot be more than five business days prior to or 90 days after |
| the date of filing.) | ore specific and cannot be more man five rusiness days prior to or 70 days after |
| | not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Depart | |
| | |
| ARTICLE VI: Other provisions, if any, | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| REOURED SIGNATURE: | 1/9/ |
| | Alle |
| Signature of | a member or an authorized representative of a member. |
| This document is | executed in accordance with section 605.0203 (1) (b). Florida Statutes. |
| I am aware that an | y talse information submitted in a document to the Department of State |
| constitutes a third of | degree felony as provided for in s.817.155, F.S. |
| | OTA CURVINI |
| ALBE | Typed or printed name of signee |
| | cyped or prince name or signee |