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.

(((H24000332176 3)))



H240003321763ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

FLORIDA LIMITED LIABILITY CO. EXAMFX EDUCATION LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXAMFX EDUCATION LLC

(Must contain 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 Linbility Company is:

2980 NE 207th STREET	2980 NE 207th STREET
STE 310	STE 310
AVENTURA EL 331XO	AVENTURA EL 33180

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:

Principal Office Address:

DIANA SOFIA SA	NCHEZ GONZALE	7.
	Name	
2980 NE 207th STR	EET STE 310	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
AVENTURA	FL	33180
City	State	Zin

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..

/s/ Diana Sofia Sanchez Gonzalez Registeret Agent's Signature (REQUIRED)

(CONTINUED)

			~		T 1 7	
Λ	к	ш	(. I	I. P.	IV.	-

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

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
54 - 27 141	AMBR .	DIANA SOFIA SANCHEZ GONZALEZ 2980 NE 207th STREET STE 310 AVENTURA, FL 33180
	AMBR	INDIANA DE LOS SANTOS GONZALEZ DE SANCHEZ 2980 NE 207th STREET STE 310 AVENTURA, FL 33180
		
	 	.1
	(Use attachment if necessary)	- -
(If an e the date <u>Note:</u>	ffective date is listed, the date must be sp e of filing.)	e of filing:
	LE VI: Other provisions, if any.	of State's records.
	REQUIRED SIGNATURE:	
	/a/ Dias	na Sofia Sanchez Gonzalez
	Signatura of a ma	

Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S.

DIANA SOFIA SANCHEZ GONZALEZ
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)