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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE INC.

Account Number : 120000000019 : (305)552-5973

Fax Number : (305)675-5944

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

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Email Address:_

FLORIDA LIMITED LIABILITY CO. EPIC HORIZONS ACADEMY LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	-	
The name of the Limited Liability Company is:	171	
Epic Horizons Aca	J	- / C
ARTICLE II - Address.		
The mailing address and street address of the princ Company is:	ipal office of the Lim	ited Liability
2905 Sw 129th AVE		
Miami, FL 33175		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the regis Company cannot serve as its own Registered Agent. You must designate an in with an active Florida registration.)	tered agent are: (The L	imitec! Liability
with an active Florida registration.)	natividual or another business i	entity -
ETANA LAZARO	· ' ~ -	.
2905 5W 129th AUE	111111111111111111111111111111111111111	
- Miami ,FL 33175		
ARTICLE IV		7 SEC. 124
The name and title of each person authorized to man Liability Company: (MGR or AMBR)	age and control the I	NOV -4 CRETARY CAHASSI
Eliana Lazaro (Mo	(R) S	
		STATE DRIOA
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Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document : 'constitutes an affirmation under 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, F.S.

Typed or printed name of signee

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)

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