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(City/State/Zip/Phone #)

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(Document Number)

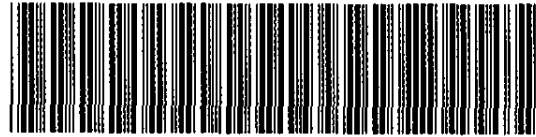
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**B. KOHR**  
JAN 11 2012  
**EXAMINER**



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01/10/12--01001--014 \*\*160.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 JAN -9 PM 4: 59

RECEIVED

EFFECTIVE DATE 1/4/2012

12 JAN -9 AM 10: 03

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

EFFECTIVE DATE 1/4/2012

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Breeze Educational Consulting Services *LHC*  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johnnie M. Niles

Name of Person

Southern Breeze Educational Consulting Services *LHC*

Firm/Company

3118 Rackley Drive

Address

Tallahassee, FL 32305-6738

City/State and Zip Code

johnnieniles@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*Johnnie M. Niles*  
Johnnie M. Niles

Name of Person

at ( 850 ) 597-8278/576-5637

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN -9 AM 10:09

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FEI# 35-2433094

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Southern Breeze Educational Consulting Services, LLC**

(Must end with 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:**

3118 Rackley Drive  
Tallahassee, Florida 32305-6738

**Mailing Address:**

3118 Rackley Drive  
Tallahassee, Florida 32305-6738

EFFECTIVE DATE 1/4/2012

**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:

JOSEPH ALOI

Name

524 Appleyard Drive

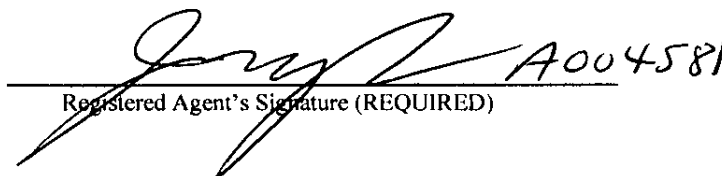
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32304

City, State, and Zip

FILED-STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN -9 AM 10:03

*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 608, F.S.*

 A004581

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

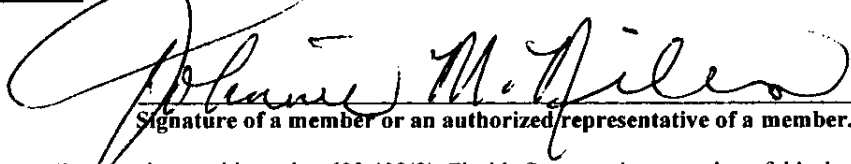
**Name and Address:**

<u>MGR</u>	<u>Johnnie M. Niles</u>
	<u>3118 Rackley Drive</u>
	<u>Tallahassee, Florida 32305-6738</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 4, 2012 (OPTIONAL)  
(If 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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), 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.)

**Johnnie M. Niles**

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)