

LO7000101087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

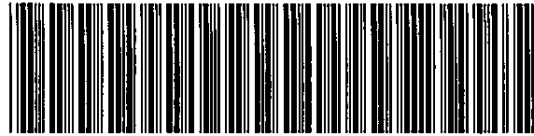
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000109740610

10/04/07--01008--015 \*\*160.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FILED  
07 OCT -4 PM 12:45 2007 OCT -4 PM 12:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
NOT RECORDED  
TO ACKNOWLEDGE  
EFFICIENCY OF FILING

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **EDUCATION BASED CONSULTANTS OF AMERICA, LLC.**  
(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:

**DR. ABE JOHNSON**

(Name of Person)

(Firm/Company)

**1931 WELBY WAY STE 3**

(Address)

**TALLAHASSEE FL 32308-4473**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DR. ABE JOHNSON**

(Name of Person)

at ( **850** ) **656-5950**

(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  
07 OCT -4 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**EDUCATION BASED CONSULTANTS OF AMERICA, 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:**

1931 WELBY WAY STE 3  
TALLAHASSEE FL 32308-4473

**Mailing Address:**

1931 WELBY WAY STE 3  
TALLAHASSEE FL 32308-4473

### 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:

**DR ABE JOHNSON**

Name

**1931 WELBY WAY STE 3**

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

**TALLAHASSEE FL 32308-4473**

City, State, and Zip

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
07 OCT - 11 PM 12:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:**

MGRM

SMITH CHAPEL AOH CHURCH, INC

1931 WELBY WAY STE 4

TALLAHASSEE FL 32308-4473

MGRM

SMITH CHAPEL BIBLE UNIVERSITY, INC

1931 WELBY WAY STE 4

TALLAHASSEE FL 32308-4473

MGRM

THE CENTRAL TRUTH MINISTRIES, INC

1931 WELBY WAY STE 4

TALLAHASSEE FL 32308-4473

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/04/07. (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.)

FILED  
07 OCT - 4 11:45  
TALLAHASSEE FLORIDA

**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.)

**DR. ABE JOHNSON**

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)