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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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RECEIVED DEPARTMENT OF STA

A CI GU

IARY OF STATE



CORPORATION SERVICE COMPANY

IUN SERVICE COMPANY
ACCOUNT NO. : I2000000195
REFERENCE: 123342 7494618
AUTHORIZATION Spellelle man
COST LIMIT : \$ 169.00
ORDER DATE: March 8, 2012
ORDER TIME : 9:04 AM
ORDER NO. : 123342-020
CUSTOMER NO: 7494618
DOMESTIC FILING
NAME: A BEKA TESTING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Stephanie Milnes - EXT. 2920
EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
SUBJECT: A BEKA TESTING, LL	С
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Eric A. French	
	Name of Person
Schiff Hardin LLP	
	Firm/Company
1201 West Peachtree Stree	et, Suite 2300
	Address
Atlanta, Georgia 30309	
Cit	y/State and Zip Code
efrench@schiffhardin.com	
For further information concerning this matter, please	for future annual report notification) e call:
Eric A. French	at (404) 437-7022 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

A BEKA TESTING, INC.

250 BRENT LANE, PENSACOLA FL 32503

MARCH 2, 2012

Registration Section
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Consent to Use of Name

Dear Sir or Madam,

In accordance with Section 617.1405 of the Florida Not For Profit Corporation Act and Section 608.406 of the Florida Limited Liability Company Act, A BEKA TESTING, INC. (Document Number N11000002901), a dissolved Florida corporation not for profit, hereby authorizes and consents to the use of the name "A BEKA TESTING, LLC" by A BEKA TESTING, LLC in registering under such name in connection with forming a limited liability company under the Florida Limited Liability Company Act and submitting Articles of Organization to the Florida Department of State for filing.

Sincerely,

A BEKA TESTING, INC.

Dr. Arlin Horton, President

AT\8364448.2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ı is:	
A BEKA TESTING, LLC		
(Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
250 BRENT LANE	250 BRENT LANE	
PENSACOLA FL 32503	PENSACOLA FL 32503	
ARTICLE III - Registered Agent, Registerned Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature: dual or another
The name and the Florida street address of	the registered agent are:	屋街 名
DR. ARLIN HORTO	ON .	2 MAR 13
N	ame	
· 250 BRENT LA	ANE	<u>če</u> ro
Florida stred	et address (P.O. Box NOT acceptable)	
PENSACOLA	₅₁ 32503	#S %

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Men	mber
MGRM	PENSACOLA CHRISTIAN COLLEGE, INC.
WOTO	250 BRENT LANE
	PENSACOLA FL 32503-2280
	TENONOCIA E 02000 2200
an effective date is listed, the date of filings	
<u>REQUIRED</u> SIGNATUR	ان المنظم الله الله الله الله الله الله الله الل
	AL LAND TO THE REAL PROPERTY.
Signature	of a member or an authorized representative of a member.
(In accordance wit	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
I am aware that an constitutes a third	mation under the penalties of perjury that the facts stated herein arctifie. y false information submitted in a document to the Department of Male. degree felony as provided for in s.817.155, F.S.)
I am aware that an constitutes a third PENSAC	mation under the penalties of perjury that the facts stated herein arctifie. y false information submitted in a document to the Department of State, degree felony as provided for in s.817.155, F.S.)
I am aware that an constitutes a third PENSAC The sole	mation under the penalties of perjury that the facts stated herein arcticle. y false information submitted in a document to the Department of State, degree felony as provided for in s.817.155, F.S.)

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)