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#### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Novus Educational Consulting, 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:

## Omega N. Stackhouse

Name of Person

# Novus Educational Consulting, LLC

Firm/Company

1899 Reserve Blvd., Apt. 174

Addres

Gulf Breeze, Florida 32563

City/State and Zip Code

novus.ed.consulting@gmail.com

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

For further information concerning this matter, please call:

Omega N. Stackhouse

850

396-6976

Name of Person

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

News Educational Consulting 11 C		
Novus Educational Consulting, LLC	mited Liability Company, "L.L.C.," or "LLC.")	
(Musi end with the words 12.	inned Liabinty Company, L.E.C., Or EEC.	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
1899 Reserve Bivd.	1899 Reserve Blvd.	
Apt. 174	Apt. 174	
Gulf Breeze, Florida 32563	Gulf Breeze, Florida 32563	
	egistered Office, & Registered Agent's Signature.	PANY
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another	FY
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s of the registered agent are:	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Omega N. Stackhouse  1899 Reserve Blvd., Ag	s of the registered agent are:	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Omega N. Stackhouse  1899 Reserve Blvd., Ag	s of the registered agent are:	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Omega N. Stackhouse  1899 Reserve Blvd., Ag	s of the registered agent are:  Name  Name  Name  A street address (P.O. Box NOT acceptable)	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  Omega N. Stackhouse  1899 Reserve Blvd., Ag	s of the registered agent are:  Name  Name  Name  A street address (P.O. Box NOT acceptable)	

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

## 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 Membe	r		
41.7	Omega N. Stackhouse	2018 061	
`	Gulf Breeze, Florida 32563	N F	
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		<del></del>	
(Use attachment if necessary)		_	
ARTICLE V: Effective date, if other th	han the date of filing: 01/01/2014		
(If an effective date is listed, the date prior to or 90 days after the date of fil	e must be specific and cannot be more than five bu ling.)	siness days	
REQUIRED SIGNATURE:			
On	n Hackhouse		

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.)

Omega N. Stackhouse

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)