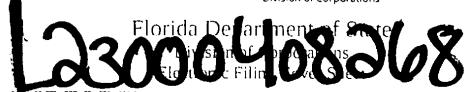
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Higher Us Consulting LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Higher Us Consulting LLC

(Must contain the words "Limited Liability Company, "L.E.C.," or "LEC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal</u>	Office Address:	Mailing Address:				
7901 4th St N		7901 4th St N				
STE 300		STE 300				
St. Petersburg	FL 33702	St. Petersburg	FL 33702			

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:

Registered Agents Inc					
	Name				
7901 4th St N		STE 30	0		
Florida street addres	ss (P.O. Box <u>N</u>	DT acceptabl	c)		
St. Petersburg	FL	33702			
City	State		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. 1 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 603, U.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . . .

ARTICLE IV-

Ţ	he name and	ade	iress o	Feac	h persor	rautho	rized	to	manage and	contro	l the	Limited	Liability	Compan	y::
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Christopher McDaniel 7901 4th St N STE 300
	St. Retersburg, EL 33702
AMBR	Jennifer McDaniel 7901 4th St N STE 300
	St: Petersburg, Ft: 33702
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	nte of filing:
the document's effective date on the Departmen	
ARTICLE VI: Other provisions, if any, Company Purpose: Consulting for both non-prol	fit and for-profit organizations. Non-profit consulting will include
	pard development and governance, and cashflow management.
	g. technology, strategic planning, cash flow management, and business
	schools for technology, campus security, and classroom management.
REQUIRED SIGNATURE:	X-Bloerts
Signature of a r This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
David Roberts	
	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)