

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L2400019028235210

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

(((H24000190282 3)))



H240001902823ABC

**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 : CHISHOLM LAW FIRM, PLLC  
Account Number : 120220000066  
Phone : (407)674-2657  
Fax Number : (888)545-5919

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

Email Address: \_\_\_\_\_

RECEIVED  
 2024 MAY 30 AM 9:04  
 DIVISION OF CORPORATIONS  
 COMMERCIAL SERVICES

### FLORIDA PROFIT/NON PROFIT CORPORATION

**EduAdvocacy Solutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

2024 MAY 30 PM 3:46

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

*NS*

**ARTICLES OF ORGANIZATION OF**  
**EduAdvocacy Solutions, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**  
In Compliance with Chapter 608, Florida Statutes

**ARTICLE I - NAME**

The name of the limited liability company shall be:

EduAdvocacy Solutions, LLC

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address  
of this limited liability company shall be:

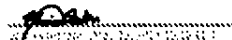
298 Arbor Pointe Ave.  
Minneola, FL 34715

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT’S SIGNATURE:**

The name and Florida street address of the registered agent is:

Dr. Monica M. Gordon  
298 Arbor Pointe Ave.  
Minneola, FL 34715

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 605, F.S..



Dr. Monica M. Gordon

Date: 05/29/2024

FILED  
SECRETARY OF STATE  
2024 MAY 30 PM 3:46

#### **ARTICLE IV - MEMBERS**

The name and address of each person authorized to manage and control the Limited Liability Company:

Dr. Monica M. Gordon  
298 Arbor Pointe Ave.  
Minneola, FL 34715

#### **ARTICLE V - PURPOSE**

The purpose of this limited liability company shall be:

For any and all lawful business

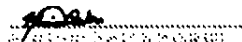
#### **ARTICLE VI – INDEMNIFICATION AND LIMITATION OF LIABILITY**

COMPANY SHALL DEFEND, INDEMNIFY & HOLD HARMLESS ALL MEMBERS AGAINST EXPENSES INCURRED FROM ANY CLAIMS, CAUSES OF ACTION, DEMANDS, DAMAGES & LIABILITIES OF COMPANY UNLESS DUE TO MEMBER FRAUD, MISCONDUCT, NEGLIGENCE OR WRONGFUL TAKING.

#### **CERTIFICATION**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true.

I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.



Dr. Monica M. Gordon

Date: 05/29/2024