

For Office Use Only



STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF ORGANIZATION CA LIMITED LIABILITY COMPANY California Secretary of State 1500 11th Street

Sacramento, California 95814

(916) 657-5448



File No.: 202565818121 Date Filed: 2/16/2025

| Limited Liability Company Name | |
|--|---------------------------------------|
| Limited Liability Company Name | Joy Education Consulting LLC |
| Initial Street Address of Principal Office of LLC | |
| Principal Address | 21221 S WESTERN AVE |
| | 110 TORRANCE, CA 90501 |
| Initial Mailing Address of LLC | |
| Mailing Address | 918 WEST 50TH STREET |
| | LOS ANGELES, CA 90037-2938 |
| Attention | Dr. Monique Woodley |
| Agent for Service of Process | |
| Agent Name | Monique A Woodley Dr. |
| Agent Address | 21121 S WESTERN AVE |
| | 110 TORRANCE, CA 90501 |
| | TORRANCE, CA 90501 |
| Purpose Statement | |
| The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act. | |
| company may be organized under the California Revised U | niform Limited Liability Company Act. |
| Management Structure | |
| The LLC will be managed by | One Manager |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and | |
| made part of this filing. | |
| Electronic Signature | |
| By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by | |
| California law to sign. | |
| | |
| Dr. Monique Woodley | 02/16/2025 |
| Organizer Signature | Date |
| | |