

L21000503727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TBDEAS MINISTRIES, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

**Titus B. Deas, Jr.
TBDEAS MINISTRIES LLC
225 Quail Roost Drive
Quincy, Florida 32351**

For further information concerning this matter, please call:

Titus B. Deas, Jr.	(850)	(850) 875-4127
Name of person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & **\$160.00** Filing Fee
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: **TBDEAS MINISTRIES, LLC.**

ARTICLE II – Address

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

Principal Office Address:

225 Quail Roost Drive
Quincy, FL 32351

Mailing Address:

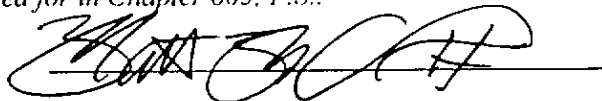
225 Quail Roost Drive
Quincy, FL 32351

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

Matthew M. Carter II, J.D., PH.D.
Carter and Associates
1904 Miccosukee Road, Unit 6
Tallahassee, FL 32308

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 and accept the obligations of my position a registered agent as provided for in Chapter 605, F.S..



Registered Agent’s Signature (REQUIRED)

(CONTINUED)

202...

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR, MGR

Titus B. Deas, Jr.
225 Quail Roost Drive
Quincy, FL 32351

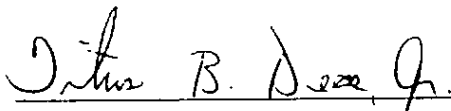
ARTICLE V-

Effective Date (Date of Filing)

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Titus B. Deas, Jr.

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)