L04000047051

*		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



200038104782

06/22/04--01013--013 **160.00

2004 JUN 22 PM 1: 29

STATE AND SEEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: CHURCH LIFE RESOURCES, L.L.C. (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:
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL A JOHNSON (Name of Person)
MICHAEL A. JOHNSON, ATTORNEY AT LAW (Firm/Company)
P.O. Box 1397 (Address)
LAKELAND, FL 33802-1397 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL A. JOHNSON at (863) 688-0741 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY.
ARTICLE I - Name: The name of the Limited Liability Company is:	
CHURCH LIFE RESOURCE	₹5, L.L.C.
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5698 SUMMERLAND HILLS DR LAKELAND, FL 33813	SAME
ARTICLE III - Registered Agent, Registered Off	ice, & Registered Agent's Signature:
The name and the Florida street address of the regist	ered agent are:
WAYNE H. LEE,	SR.
5698 SUMMERLA. Florida street address (P.O. Box	NOT acceptable)
LAKELAND, FL City, State, and Zip	33813
Having been named as registered agent and to accept liability company at the place designated in this certific registered agent and agree to act in this capacity. If a statutes relating to the proper and complete performance accept the obligations of my position as registered agent Registered Reg	ficate, I hereby accept the appointment as writher agree to comply with the provisions of all nice of my duties, and I am familiar with and

(CONTINUED)

	s) or Managing Member(s): ach Manager or Managing Member is as follows: مص
Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:
"MGRM"	Name and Address: Name and Address: MAYNE H. LEE, SR. 5698 SUMMERIAND HILLS DR. LAKELAND, FL. 33813
"MGRM"	SHERRY B. LEE 5698 SUMMERLAND HILLS DR. LAKELAND, FL 33813
	icle must be added if an effective date is requested. THIS COMPANY SHALL BE PERPETUAL.
REQUIRED SIGNATUR	Afry H Jones
(In according that the	e of a member or an authorized representative of a member. lance with section 508.408(3), Florida Statutes, the execution current constitutes an affirmation under the penalties of perjury acts stated herein are true.) AYNE H. EE SR. Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2