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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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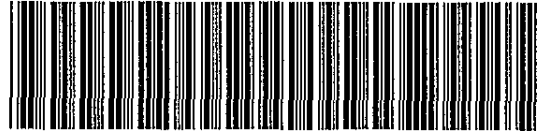
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JP  
6-28-04

## **TRANSMITTAL LETTER**

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

**SUBJECT: Divinity Solutions, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kimberly Cummings  
Divinity Solutions, LLC  
6090 Terry Rd #1409  
Jacksonville, FL 32216**

For further information concerning this matter, please call:

**Kimberly Cummings at (904) 874-4212**

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**TALLAHASSEE, FLORIDA**

**ARTICLES OF ORGANIZATION  
FOR DIVINITY SOLUTIONS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Divinity Solutions, LLC**

**ARTICLE II - Address:**

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

**6090 Terry Rd #1409  
Jacksonville, FL 32216**

Principal Office Address: Mailing Address:

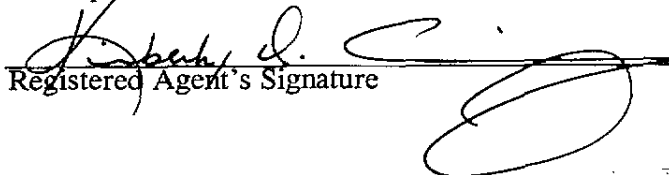
**6090 Terry Rd #1409  
Jacksonville, FL 32216**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Kimberly Cummings  
6090 Terry Rd #1409  
Jacksonville, FL 32216**

*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 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The Limited Liability Company is to be managed by four and is therefore a manager-managed company. The name and address of each Manager or Managing Member is as follows:

**Title:**

*"MGR" = Manager, "MGRM" = Managing Member*

**Name and Address:**

**MGRM**

Kimberly Cummings  
6090 Terry Rd #1409  
Jacksonville, FL 32216

**MGRM**

Charles Bryant  
426 E 45<sup>th</sup> Street  
Jacksonville, FL 32208

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member:**



Charles Bryant, Managing Member

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.