

L04000054490

(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:

Office Use Only



100039202451

07/21/2004 14:49:06 **160.00

FILED
2004 JUL 21 PM 3:48
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 22 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House of Fellowship LLC
(Name of Limited Liability Company)

FILED
2004 JUL 21 PM 3:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ALMADA Musgrove
(Name of Person)

(Firm/Company)

16982 North Miami Ave
(Address)

North Miami Beach, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Williams at 786 399-2917
(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
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

House of Fellowship LLC

ARTICLE II - Address:

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

Principal Office Address:

16982 N Miami Ave
North Miami Beach
FL, 33169

Mailing Address:

16982 N Miami Ave
North Miami Beach
FL, 33169

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

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

Luis Olivo
Name

8920 NW 22 Ave
Florida street address (P.O. Box **NOT** acceptable)

Miami, FLORIDA 33147
City, State, and Zip

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

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Bishop Artglee Musgrove
16982 N Miami Ave
North Miami Beach, FL 33169

MGR

ALMADA Musgrove
16982 N Miami Ave
North Miami Beach, FL 33169

MGRM

Gary Williams
8920 NW 22 Ave
Miami, FL 33147

MGRM

Luis Olivo
8920 NW 22 Ave
Miami, FL 33147

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary Williams
Signature of a member or an authorized representative of a 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.)

Gary Williams
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)