

L05000099901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

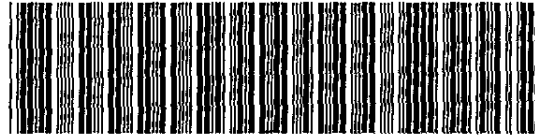
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300060163533

10/07/05--01018---003 **125.00

FILED

05 OCT -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 11 2005

Law Offices of
Robert B. Worman
1030 N. Orange Ave., Suite 102
Orlando, Florida 32801

Please Reply To:
Post Office Box 1764
Orlando, Florida 32802
Telephone (407) 843-5353
Facsimile (407) 841-9516

October 5, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Formation of Ascension Financial Services, LLC
Our File No.: 5321

Dear Clerk:

Enclosed are the following:

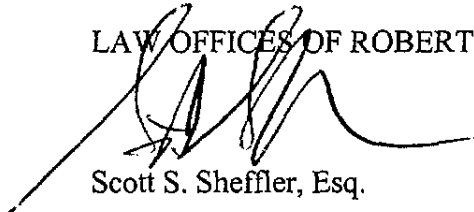
1. Original Articles of Organization for Florida Limited Liability Company; and
2. A check made payable to you in the amount of \$125.00, said check representing your filing fee; and
3. A stamped envelope addressed to our office.

Please file the enclosed Articles of Organization for this Limited Liability Company, and return to our office the original Articles containing the Division's stamp indicating that same have been filed.

Your assistance in this matter is appreciated. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

LAW OFFICES OF ROBERT B. WORMAN


Scott S. Sheffler, Esq.

05 OCT - 7 AM 9:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SSS:ls
Enclosures

cc: R. Leon Gibbs

**ARTICLES OF ORGANIZATION FOR
ASCENSION FINANCIAL SERVICES, LLC**

ARTICLE I- NAME:

The name of the company shall be:

Ascension Financial Services, LLC

ARTICLE II-ADDRESS:

The mailing address and street address for the company shall be:

**5104 North Orange Blossom Trail, Suite 224
Orlando, Florida 32810**

ARTICLE III-REGISTERED AGENT and REGISTERED OFFICE:

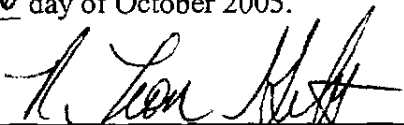
The name and the Florida street address of the registered agent are:

**R. LEON GIBBS
5104 North Orange Blossom Trail, Suite 224
Orlando, Florida 32810**

ARTICLE IV-MANAGEMENT

The Company shall be a manager-managed company. The initial manager shall be **R. LEON GIBBS**, who shall have full power and authority to bind the Company.

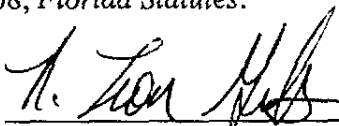
IN WITNESS WHEREOF, the undersigned, an authorized Member of the above Company, has executed these Articles of Organization, this 6 day of October 2005.



R. LEON GIBBS,
Managing Member

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent 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 in Chapter 608, *Florida Statutes*.



R. LEON GIBBS

FILED
05 OCT -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA