

L06000037613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

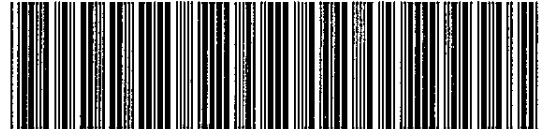
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200037313932

05/28/04--60012--021 **155.00



PR-11-2006 12:49P FROM:

TO: 18502456030

P: 1/4

4767 NW 24TH Court, Lauderdale Lakes, FL 33313
Phone: 954 731 1199 Fax: 954 640 0497

Open Bible Pre School

Fax

To:	Brenda	From:	Tyke Powell
Fax:	850 245 6030	Pages:	4
Phone:	954 245 7702	Date:	4-11-06
Re:		CC:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

106-37613

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAITH CALIN CARE LANDSCAPE AND MAINTENANCE LLC
(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:

TYKE POWELL

(Name of Person)

(Firm/Company)

6264 HIGHLAND CT.

(Address)

NORTH LAUDERDALE FL 33068

(City/State and Zip Code)

For further information concerning this matter, please call:

TYKE POWELL

(Name of Person)

at (954) 845 7702

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FAITH LAWN CARE LANDSCAPING AND MAINTENANCE LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")**ARTICLE II - Address:**

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

Principal Office Address:6264 HIGHLAND CT
N. LAUDERDALE FL 33068**Mailing Address:**6264 HIGHLAND CT
N. LAUDERDALE FL 33068**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TYLIS POWELL
Name
6264 HIGHLAND CT
Florida street address (P.O. Box NOT acceptable)
N LAUDERDALE FL 33068
City, State, and Zip06 APR 11 PM 12:55
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

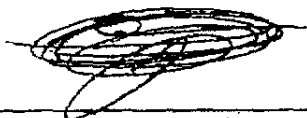
"MGRM" = Managing Member

MGRMGRM**Name and Address:**
TYLIE POWELL
6264 HIGHLAND CT
N. LAUDERDALE FL 33068
ANTOINETTE POWELL
6264 HIGHLAND CT
N. LAUDERDALE FL 33068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

TYLIE POWELL

Typed or printed name of signer

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)**