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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP WAIT ☐ MAIL
(Business Entity Name)
(
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Destiny Manifesto, 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:
Joshva Allen
(Name of Person)
Destiny Manifesto, LLC 第一里
(Firm/Company)
1405 South Jefferson St.
Monticello, Florida 32344 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 774 - 5010 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
ARTICLE I - Name: The name of the Limited Liability Company is:
Destiny Manifesto, 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: Mailing Address:
1405 South Jefferson St. 1405 South Jefferon St. Monticello, FL 32344 Monticello, FL 32344
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:
Jashva Allen Name
1405 South Jefferson St. Florida street address (P.O. Box NOT acceptable)
Montice to FL 32344 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, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
M&RM	-	Joshva Allen 1405 South Jefferson S Monticello, FL 32344	H
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	<u></u>		
	<u> </u>		<u>.</u>
	if necessary)		
(Use attachment i			
LE V: Effective of ffective date is list days after the da	ted, the date must be sp te of filing.)	e of filing: (ecific and cannot be more than five bu	
LE V: Effective of	ted, the date must be sp te of filing.)		

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)