

LDL0000070755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

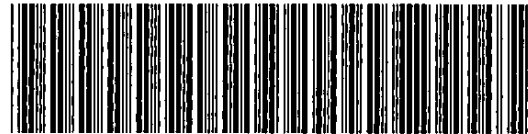
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Special Instructions to Filing Officer:

eff. date to old (6/14)

Office Use Only

LDL-29502



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06/23/06--01039--007 **160.00

EFFECTIVE DATE
7/10/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 17 PM 2:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2006

MIRANDA PETE
4477 WESTOVER DRIVE
TALLAHASSEE, FL 32303

SUBJECT: ANOINTED TROUPE OF CHRIST, LLC
Ref. Number: W06000029062

We have received your document for ANOINTED TROUPE OF CHRIST, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 23, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 606A00042493

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anointed Troupe of Christ
(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:

Miranda Pete
(Name of Person)

Anointed Troupe of Christ
(Firm/Company)

4477 Westover Drive
(Address)

Tallahassee, Florida 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Miranda Pete at (850) 459-8106
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

EFFECTIVE DATE

7/10/06

Anointed Troupe of Christ, 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:

Miranda Pete

4477 Westover Drive

Tallahassee, Florida 32303

Mailing Address:

Miranda Pete

4477 Westover Drive

Tallahassee, Florida 32303

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:

Miranda Pete

Name

4477 Westover Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32303m

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..

Miranda Pete

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Miranda Pete 
4477 Westover Drive
Tallahassee, Florida 32303


MGRM

Ketrina Mariner 
4497 Cool Emerald Drive
Tallahassee, Florida 32303

MGRM

Jacque Williams 
2952 Eugene Bailey Road
Tallahassee, Florida 32308

MGRM

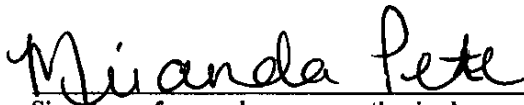
Jacob Grovey 
2277 Hartsfield Road, Apt. 1
Tallahassee, Florida 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 10, 2006. (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.)

Miranda Pete

Typed or printed name of signee

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)

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