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SECULIAN OF STATE
ALLAHASSEE, I'I DRIDA

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COVER LETTER ·

	ation Section n of Corporations		
SUBJECT: G	ospel News LLC		
	(Name of Lin	nited Liability Company)	
The enclosed Ar	ticles of Organization and fee(s) ar	re submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
Marnio	que Edwards		
		(Name of Person)	
			<u></u> t
		(Firm/Company)	SECV.
P.O. F	3ox 181		ARE SEP
··		(Address)	-5 SET
Alach	ua, FL 32616		SES TO SES
	(0	City/State and Zip Code)	375 19
For further infor	mation concerning this matter, plea	ase call:	08 IDA
Marnique E	dwards	at (352) 213-0	0936
	(Name of Person)		ne Telephone Number)
Enclosed is a cl	heck for the following amount:		
□ \$125.00 Filin	g Fee \$130.00 Filing Fee Certificate of Status	& \$155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gospel News LLC Must end with the words "Limited Liability Comm	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(Whast one with the words Difficed Diability Comp	any, Emilied Company of their aboreviation EEC, or E.C.,	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Company i	
Principal Office Address:	Mailing Address:	
15703 NW 138th Terr.	PO Box 181	
Alachua, FL 32615	Alachua, FL 32616	
ARTICLE III - Registered Agent. R	egistered Office. & Registered Agent's Signature:	
	ss of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an individual or another ss of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	s own Registered Agent. You must designate an individual or another ss of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	s own Registered Agent. You must designate an individual or another ses of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address Marnique Edwards 15703 NW 138th	s own Registered Agent. You must designate an individual or another ses of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address Marnique Edwards 15703 NW 138th	s own Registered Agent. You must designate an individual or another ses of the registered agent are: Name Name	

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Derrick Atkins	
	P.O. Box 129	
	High Springs, FL 32655	
MGR	Kathtina Atkins	
	P.O. Box 129	
	High Springs, FL 32655	
MGR	Rossi McDonald, Sr.	
	P.O. Box 2304	·
	Alachua, Fl. 32616	
MGR	Marnique Edwards	
· .	P.O. Box 181	ZE 200
	Alachua, FL 32616	ا الله الأراد
(Use attachment if necessary)		ASSEK LASZAR S- day
CLE V: Effective date, if other than the	ne date of filing:	—————. (OPTION
ffective date is listed, the date must	be specific and cannot be more	than five business da
days after the date of filing.)		V(I)

REQUIRED SIGNATURE:

Manugue Edwards
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.)

Marnique Edwards

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)

Title:

Name and Address:

<u>MGR</u>

Tarantula Edwards

P.O. Box 181

Alachua, FL 32616

MGR

Shaci Davis

P.O. Box 338

High Springs, FL 32655

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SECRETARY OF STATE
AND ABASSEF, FLORIDA