| (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



09/17/07--01036--004 **25.00

09/17/07--01036--003 **100.00

COVER LETTER

| 10: | Division of Corporations | |
|-----------------|--|--|
| SUBJI | ECT: BIBLE CAFE' AND BO | OOKSTORE, LLC |
| | | mited Liability Company) |
| The en | aclosed Articles of Organization and fee(s) | are submitted for filing. |
| Please | return all correspondence concerning this r | natter to the following: |
| | STACY D. JAMES | |
| | ************************************** | (Name of Person) |
| | | |
| | | (Firm/Company) |
| | 11447 MANATEE DRIVE | |
| | | (Address) |
| | JACKSONVILLE, FL 3221 | |
| | t | (City/State and Zip Code) |
| For fur | ther information concerning this matter, ple | ease call: |
| STA | CY D. JAMES | at (904) 314-6839 |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclos | sed is a check for the following amount | : |
| ✓ \$125. | .00 Filing Fee []\$130.00 Filing Fee & Certificate of Status | & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

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

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

| | MGR, Stacy D. James |
|---|--|
| | 11447 MANATEE DRIVE |
| | JACKSONVILLE, FL 32218 |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| (Use attachment if necessary) | |
| | nan the date of filing: (OPTIONA |
| nective date is listed, the date n days after the date of filing.) | nust be specific and cannot be more than five business day |

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.)

STACY D. JAMES

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)