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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only

G. MCLEOD

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EXAMINER



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COVER LETTER

Registration Section

TO:

Division of Cor	porations	Carl Ball	· kard	
SUBJECT: QU	ALL FOUN	TAIN OF	BLESSI	NGS
. *		nited Liability Compar		
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.		
Please return all correspo	ondence concerning this ma	itter to the following:		
ETH	HELENE H.	4) VAYE		
QUA	ALL FOUNT		DREN BLESS	√NGS
		(Firm/Company)		
/731	7 SW 2ND			
		(Address)		
OCA	LA FL	ORIDA	344	!71
	(0	City/State and Zip Code)		
For further information c	oncerning this matter, plea	se cail:		
	_			1111
ETHELENE	H. QUAYE	at (& Davtime Tele	thone Number)
(contract)	0.1.0.00.,	(riica code	a Baytime Tele	phone (vanioer)
Enclosed is a check for	r the following amount:			
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee Certificate of Status	& 🗖 \$155.00 Fi Certified Copy (additional copy is	_	\$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	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The nar	me of the L	imited Liability Co	ompany is:			
ALL	GODS	CHILDREN	FOUNTAIN	0F	BLESSINGS,	LLC
					bbreviation "LLC," or "L.C.,"	
ARTIC	CLE II - Ac	ddress:				
The ma	iling addre	ss and street addre	ss of the principal of	fice of t	he Limited Liability Co	o <mark>mpany i</mark>
Dringin	al Office	A didwood	Mailine	- A alalua		

I incipal Office Au	uless.	Maning Auditess.	
1737 SW 21 OCALA F	ND STREET LORIDA 34471	1737 3W 2 ND ST OCALA FL 344	_ <u>기</u> /
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Regis	d Office, & Registered Agent's Signatustered Agent. You must designate an individual or and	provide.
	ETHELENE H.	_	نام الله الله الله الله الله الله الله ال
<u></u>	Name	 	
•••	1737 SW 2NO .		H 2: 42
	DCALA	FL 34471	
_	City, State,		

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	
IDENT / MGR	ETHELENE H. QUAYE 1737 SW 2ND STREET DOALA FL 34471
DENT / MGRM	SAMUEL O. QUAYE 1737 SW 2ND STREET DCALA FL 34471
(Use attachment if necessary)	
	han the date of filing: (OPTIONAL e must be specific and cannot be more than five business ling.)
REQUIRED SIGNATURE:	

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)

(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.)