# 108000109404

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WÄIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

NOV 2 6 2008

**EXAMINER** 



Office Use Only



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# COVER LETTER

Division of Corporations
SUBJECT: Gospel Gardens LLC (Name of Limited Liability Company)
(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:
William T. Campenella (Name of Person)
Gospel Gordens (Firm/Company)
1703 Old Moody Blud (Address)
Burnell IFI. 32110 (City/State and Zip Code)
For further information concerning this matter, please call:
William T. Campenella at (386) 237-8565  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2008

WILLIAM T. CAMPENELLA 1703 OLD MOODY BLVD. BUNNELL, FL 32110

SUBJECT: GOSPEL GARDENS, LLC

Ref. Number: W08000052090

We have received your document for GOSPEL GARDENS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M78154.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

Letter Number: 608A00057419

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Gospel Gardens (Must end with the words "Limited Liability	OF CENTRAL FLORIDA LLC ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1703 Old Hoody Blod.	P.O. Box 401			
1703 Old Hoody Blud. Bunnell, Fl. 32110	Flagler Beach, Fl 32136			
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:				
William T. Can	peneria			
	ress (P.O. Box NOT acceptable)			
Flagler Beach City, State, an	rd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:			
<u>HGR</u>	<u>-</u>	William T. Campene Po. Box 401 Flagler Beach , Fl 3	<u>lla</u> 2136		
M GRM	_	J. Kenyon Malpas Po. Box 401 Flagler Beach. F1 32	2130		
	-				
	te, if other than the date	<u> </u>	(OPTIONAL)		
or 90 days after the date  REQUIRED SIG!	e of filing.)	ecific and cannot be more than five b	isinėss days prior		
$ar{\mathbf{s}}$	ignature 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.)				
	William T. Typed o	Campenella or printed name of signee			
Filing Fees:			7.5.7 80		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)