108000118033

(Requestor's Name)
(Address)
(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:
L. SELLERS
DEC 312008
EXAMINER
Line min





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12/15/08--01029--013 **130.00

SEC 15 MM 8: 11

COVER LETTER

	TO: Registration Section Division of Corporations
•	SUBJECT: Leap Of Faith Confertainment LLC (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:
	Ruber Joseph (Name of Person)
	Leap of faith Obertainment LLC (Firm/Company)
	260 NW 60th Ave
	(Address)
	Margate, FC 33043 (City/State and Zip Code)
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	Ruben Joseph at 954 709-8549 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\bigsim \text{\$\frac{1}{2}}\$130.00 Filing Fee & \$\bigsim \text{\$\frac{1}{2}}\$155.00 Filing Fee & \$\bigsim \text{\$\frac{1}{2}}\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2008

RUBEN JOSEPH 260 NW 60TH AVENUE MARGATE, FL 33063

SUBJECT: LEAP OF FAITH ENTERTAINMENT LLC

Ref. Number: W08000055709

We have received your document for LEAP OF FAITH ENTERTAINMENT 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):

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 December 15, 2008. 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 108A00060584

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name			
I ne name of the Limi	ited Liability Company is		
	CAP OF FAIH	Entertainment illity Company, "L.L.C.," or "LLC.")	LLC
ARTICLE II - Addr The mailing address a		orincipal office of the Limited L	iability Company is:
Principal Office Add	lress:	Mailing Address:	
Zlev NW margate,	lath Ave FL 33063	abo NW Got , margate, PL 330	Lue Va3
	oany cannot serve as its own Regi	d Office, & Registered Agent' stered Agent. You must designate an indiv	
The name and the Flo	rida street address of the	registered agent are:	
	Rubew Name	Jaseph	
-			
_	260 NW 60th	Avec Idress (P.O. Box <u>NOT</u> acceptable)	
	Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	
	margate City, State,	FL 33063 and Zip	
liability company registered agent and statutes relating to	at the place designated in agree to act in this capaci the proper and complete p	accept service of process for the this certificate, I hereby accept ty. I further agree to comply with erformance of my duties, and I a istered agent as provided for in	he appointment as h the provisions of al m familiar with and
	Registered Agent's Signs	ware (REQUIRED)	OB DEC 15 SECRETARY

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGR/CED	Rubert Joseph 260 NW 60th Ave Margate, Fl 33063
MGRM	Tony Penrow 6725 Landerhill PL 33319
	EVENS MiliON 7884 Fewelyund Dr Boynton BCL, FL 33437
•	100- 15, 2005
LE V: Effective date, if other fective date is listed, the date	than the date of filing: 15, 25 (OPTION must be specific and cannot be more than five business de
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: 15-08 . (OPTION must be specific and cannot be more than five business de
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: 15-08 . (OPTION must be specific and cannot be more than five business de
Tective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this document)	than the date of filing: 15-08 * (OPTION must be specific and cannot be more than five business dates

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)