

L0900000/4844

(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:

A. LUNT

FEB 13 2009

EXAMINER

Office Use Only



500143356785

02/12/09--01015--018 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 12 PM 1:00

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GloryHouse Christian Church 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:

MELVIN CARPIO
(Name of Person)

GloryHouse Christian Church
(Firm/Company)

2266 E. FAIRBANKS DR.
(Address)

Deltona, FL 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

MELVIN CARPIO at (407) 556-4452
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

2009 FEB 12 PM 1:00
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GloryHouse CHRISTIAN Church LLC.

(Must end with the words "Limited Liability 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:

2266 E. FAIRBANKS DR.

DELTONA, FL. 32725

Mailing Address:

2266 E. FAIRBANKS DR.

DELTONA, FL. 32725

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:

MELVIN CARPIO

Name

2266 E. FAIRBANKS DR.

Florida street address (P.O. Box **NOT** acceptable)

DELTONA FL 32725

City, State, and Zip

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..

Melvin Carpio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2009 FEB 12 PM 1:00
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MELVIN CARPIO
7266 E. FAIRBANKS DR.
DELTONA, FL 32725

RECEIVED
FEB 12 2009
CLERK OF COURT
STATE OF FLORIDA

2009 FEB 12 PM 1:00

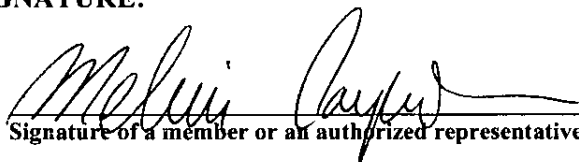
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

MELVIN CARPIO

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)