

L09000024329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

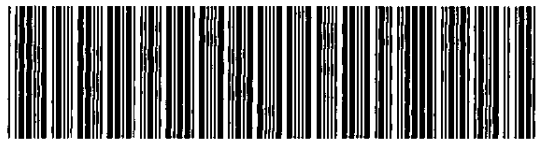
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 12 2009

EXAMINER

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Faith Building 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:

LeAnn Slafter  
(Name of Person)

Faith Building LLC  
(Firm/Company)

P.O. Box 1667  
(Address)

Jensen Beach Fl 34958-1667  
(City/State and Zip Code)

For further information concerning this matter, please call:

LeAnn Shafter at (772) 232-1090  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

for the first time in the history of the world.

(C. 2027-194 S.D. Co. 6)

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## ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: *Faith Building LLC*

## ARTICLE II - Purpose:

The purpose for which this limited liability company is organized is: *Rental*

## ARTICLE III - Duration:

The period of duration for the Limited liability Company shall be:

## ARTICLE IV - Registered (or Statutory) Agent and Address:

The name and address of the initial registered (statutory) agent is: *LeAnn Slaughter*  
*3271 NE INDIAN RIVER DR. PO BOX 1667*  
*JENSEN BEACH FL 34958-1667*

## ARTICLE V - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are: *LeAnn Slaughter*  
*PO BOX 1667 JENSEN BEACH FL 34958-1667*

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members is/are: *LeAnn Slaughter PO BOX*  
*1667 JENSEN BEACH FL 34958-1667*

## ARTICLE VI - Principal Place of Business

The initial principal place of business of the limited liability company is: *3271 NE*  
*INDIAN RIVER DR. PO BOX 1667 JENSEN BEACH*  
*FL 34958-1667*

## ARTICLE VII - Effective Date

The effective date of these articles is ☐ upon filing ☐ on *3/4/09*

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**ARTICLE VIII - Nonliability**

The members and managers, if any, shall not be liable for any debts, obligations or liabilities of the limited liability company.

**ARTICLE IX - Miscellaneous**

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IN WITNESS WHEREOF the undersigned members executed these Articles of Organization this 4<sup>th</sup>  
day of March, 2009.

LeAnn Slatten PO Box 1667  
Member: Address:

JENSEN Bend F1 34958-1667

Member: Address:

Member: Address:

Member: Address:

**Acceptance of registered (statutory) agent**

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 am familiar with and accept the obligations of my position as registered agent.

  
Agent:

**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:**

LeAnn Shafter  
P O Box 1667  
St. Joseph Bend FL 34958-1667

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

LeAnn Shafter  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

## Certificate of Authority

for  
Faith Building LLC

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This is to certify that the above Limited Liability Company is managed by its

☐ members

☒ managers

who are listed below and that each of them is authorized and empowered to transact business on behalf of the company.

Name

Address

LEANN Lafter

PO Box 1667

Jensen Beach FL

34958-1667

Date:

3/4/09

Name of company:

Faith Building LLC

By:

LEANN Lafter

Position:

MGR.