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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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EXAMINER

COVER LETTER

| TO: | Registration Division of C | Section Corporations | | | | |
|-------------------|-------------------------------|---|--|--------------------|-------------|-------------|
| SUBJE | CT: | Douglas J. | Wingate Ministries | , LLC | | |
| 50202 | | | ted Liability Company | | | |
| The end | losed Articles | of Organization and fee(s) are | submitted for filing. | | | |
| Please 1 | return all corre | spondence concerning this ma | tter to the following: | | | |
| | | Do | uglas J. Wingate | | | |
| | | | Name of Person | | | |
| | | Douglas J. | Wingate Ministries, LL | С | | |
| • | | | Firm/Company | | | |
| | 16120 Chastain Road | | | | | |
| Address | | | | | | . Alexander |
| | Odessa, FL 33556 | | | | | |
| • | City/State and Zip Code | | | | | |
| _ | | d.wii | ngate@verizon.net | | ENG P | |
| | | • | for future annual report notificati | ion) (| FST | U |
| For furt | her information | n concerning this matter, pleas | e call: | | | <u> </u> |
| | | glas Wingate | at (813) | 505-2271 | * | |
| | Nam | e of Person | Area Code & Daytime | e Telephone Number | | |
| Enclos | ed is a check | for the following amount: | | | | |
| _] \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed | d) Certified C | of Status & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | ntions | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|--|--|--|--|--|--|
| Douglas J. Win | gate, LLC lity Company," "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the property o | rincipal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 16120 Chastain Road Odessa, FL 33556 | 16120 Chastain Road Odessa, FL 33556 | | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration. | tered Agent. You must designate an individual or another. | | | | |
| The name and the Florida street address of the registered agent are: Douglas J. Wingate | | | | | |
| Name | | | | | |
| 16120 Chastain Road | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| Odessa, FL 33556 | FL | | | | |
| City, State, a | nd Zip | | | | |
| liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S | | | | |

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|---|---|--|
| MGR | Douglas J. Wingate 16120 Chastain Road Odessa, FL 33556 | |
| MGRM | Susan Wingate 16120 Chastain Road Odessa, FL 33556 | |
| | | TALCHET AND JUN 24 AND |
| (Use attachment if necessary) | 6/00/0000 | F STATE A |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | | |
| | er of an authorized representative of a me | |
| | , | |
| | Douglas J. Wingate | |

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)

Typed or printed name of signee