

LD9000088920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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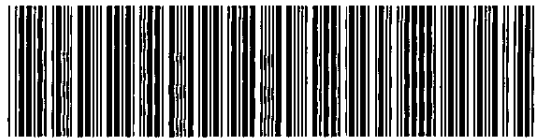
Special Instructions to Filing Officer:

W09000039390

Office Use Only

EFFECTIVE DATE

9/4/09



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08/31/09--01044--002 **155.00

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09 AUG 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.J. Williams Ministries, 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:

Rev. Dr. Denise J. Williams

Name of Person

D. J. Williams Ministries, LLC

Firm/Company

P.O. Box 58012

Address

JACKSONVILLE, FL 32241

City/State and Zip Code

PASTOR.WILLIAMS@bluebottle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Dr. Denise J. Williams

Name of Person

at (904) 683-3743

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 31 PM 2:30

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2009

REV DR. DENISE J. WILLIAMS
P.O. BOX 58012
JACKSONVILLE, FL 32241

SUBJECT: D.J. WILLIAMS MINISTRIES, LLC
Ref. Number: W09000039390

We have received your document for D.J. WILLIAMS MINISTRIES, LLC and your check(s) totaling \$155.00. 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 August 31, 2009. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00029266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 31 PM 2:30

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D. J. Williams Ministries, 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:

8539 GATE PKWY W, UNIT #9421
JACKSONVILLE, FL
32216

Mailing Address:

P.O. Box 58012
JACKSONVILLE, FL
32241

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:

Rev. Dr. Denise J. Williams
Name

8539 GATE PKWY W, UNIT #9421
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32216
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Rev Dr Denise J Williams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE

9/4/09

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:

MGRM

Rev. Dr. Denise J. Williams
P.O. Box 58012
JACKSONVILLE, FL 32241

MGR

Brumie B. Williams
P.O. Box 58012
JACKSONVILLE, FL 32241

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept. 04, 2009 (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:

Rev. Dr. Denise J. Williams
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.)

Rev. Dr. Denise J. Williams
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA