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M. THOMAS

SEP 21 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sarasota Ministerial Association, 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:

Reverend Dr. Thomas A. Pfaff

Name of Person

Sarasota Ministerial Association, LLC.

Firm/Company

1704 North Honore Ave

Address

Sarasota, Florida, 34235

City/State and Zip Code

tompfaff@verizon.net

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

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For further information concerning this matter, please call:

Reverend Dr. Thomas A. Pfaff

Name of Person

at ( 941 ) 724-5018

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sarasota Ministerial Association, 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:

1704 North Honore Ave

#### Mailing Address:

1274 Western Pine Circle

Sarasota, Florida, 34240

### 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:

Reverend Dr. Thomas A. Pfaff

Name

1274 Western Pine Circle

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

Sarasota, Florida, 34240 FL

City, State, and Zip

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*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. Thomas A. Pfaff  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Reverend Dr. Thomas A. Pfaff

1274 Western Pine Circle

Sarasota, Florida, 34240

MGRM

Reverend Brian Russell

2049 North Honore Ave.

Sarasota, Florida, 34235

MGRM

Reverend Dr. David Sutton

1400 Tenth Street

Sarasota, Florida, 34230

MGRM

Deacon Pat Macaulay

200 Orange Ave. North

Sarasota, Florida 34236

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 23, 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. Thomas A. Pfaff  
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. THOMAS A. PFAFF  
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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