

LU90000 98890

(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:

Office Use Only



100161443951

10/13/09--01062--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 13 AM 9:13

B. KOHR

OCT 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ecclesia Management Company 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:

Pamela J. Colvin
Name of Person

Ecclesia Management Company LLC
Firm/Company

5287 ALHAMBRA DRIVE
Address

ORLANDO, FL. 32808
City/State and Zip Code

alcj@ec @ 201.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela J. Colvin at (321) 377-1199
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 13 AM 9:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ecclesia Management Company 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:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

Mailing Address:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

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:

Pamela J. Colvin
Name
5287 ALHAMBRA DRIVE
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32808
City, State, and Zip

FILED
STATE
SECRETARY OF CORPORATIONS
09 OCT 13 AM 9:13

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.

Pamela J. Colvin
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

Pamela J. COLVIN

5287 ALHAMBRA DRIVE

ORLANDO, FL. 32818

MGRM

ANDREW L. COLVIN

5287 ALHAMBRA DRIVE

ORLANDO, FL. 32808

MGRM

ALEXANDRA L. COLVIN

5287 ALHAMBRA DRIVE

ORLANDO, FL. 32808

(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:

Pamela J. Colvin

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.)

Pamela J. COLVIN

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)