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SECRETARY OF STATE
FALL AHASSEF, FLORIDA

J. BRYAN

APR -1 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT: Overtak	en By Christ (OBC)	.11:12:0				
	•	Name of Limit	ed Liability Cor	mpany			
The er	nclosed Articles o	of Organization and fee(s) are	submitted for fi	ling.			
Please	return all corresp	condence concerning this mat	ter to the follow	ing:			
	Thomas Mill	or					
	Thomas Miller Name of Person						
			Firm/Company		- 		
	11942 sw 12	th St.			AR 3		
			Address		SE P F		
	Dambroka D	ines El 33025			PH 2: P.		
	Pembroke Pines, FL 33025 City/State and Zip Code						
	truthshallseti	ufree@gmail.com	•		ēm o		
		E-mail address: (to be used	for future annual	report notification)			
For fu	rther information	concerning this matter, please	e call:				
Thon	Thomas Miller at (954)937-3025						
	Name of Person Area Code & Daytime Telephone Number				phone Number		
Enclo	sed is a check for	or the following amount:		,			
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified		\$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	Regist Divisi Clifto 2661	VCourier Address ration Section on of Corporations Building Executive Center Chassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY . ARTICLE I - Name: The name of the Limited Liability Company is: Overtaken By Christ (OBC) 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: Mailing Address:** 11942 sw 12th St. Pembroke Pines, FL 33025 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: Thomas miller Name 11942 sw 12th St. Florida street address (P.O. Box NOT acceptable) Pembroke Pines FL 33025 City, State, and Zip 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Neville Gordon 9209 NW 49 Place Sunrise, FL 33351 MGRM Thomas Miller 11942 sw 12 st Pembroke Pines, FL 33025 Eric Miller **MGRM** 11942 sw 12th st (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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member of 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.)

omas IIIIIel

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)