

L1000059938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



700177533887

04/26/10--01046--025 **122.50

06/04/10--01001--013 **37.00

FILED
10 JUN -2 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUN 04 2010
EXAMINER

S. HAWKES
APR 27 2010
EXAMINER

LW10-20843



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2010

CHRYSTA LYNDRA DANTZIER
629 BASSWOOD STREET
JACKSONVILLE, FL 32206

SUBJECT: GOOD SAMARITAN LUKE 10:30-37
Ref. Number: W10000020843

We have received your document for GOOD SAMARITAN LUKE 10:30-37 and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Needs additional 37.50.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00010623

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: Good Samaritan Luke 10:30-37
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:

Chrysta Lyndral Dantzler "Angel"

Name of Person

Good Samaritan Luke 10:30-37

Firm/Company

629 Basswood St

Address

Jacksonville, Florida 32206

City/State and Zip Code

dantzler2256@gmail.com

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

For further information concerning this matter, please call:

Chrysta Lyndral Dantzler "Angel"

Name of Person

at (904)

405-4440

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:

Good Samaritan Luke 10:30-37 L.L.C

(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:

629 Basswood St

Jacksonville, Florida 32206

Mailing Address:

629 Basswood St

Jacksonville, Florida 32206

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:

Micheal Bowman

Name

414 East 3rd St

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

Jacksonville

FL 32206

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

Manager

Chrysta Lyndral Dantzler "Angel"

629 Basswood St

Jacksonville, Florida 32206

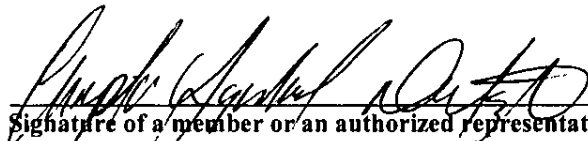
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JACKSONVILLE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/2010. (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:


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.)

Chrysta Lyndral Dantzler "Angel"
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)