L10000104069

(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:

Maggie Niles

AUTHORIZE ~~~ BY PHONE TO
CORRECT *effective date*
DATE 10/5/10
RE-EXAM *tut*

Office Use Only

EFFECTIVE DATE
9/23/10

10 SEP 30 PM 2:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. TUBBS   OCT 0 5 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _In His Foot Steps_
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:

Maggie L. Noles
Name of Person

In His Foot Steps
Firm/Company

P. O. Box 1843
Address

Mt. Dora FL 32756
City/State and Zip Code

noles maggie @ yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie L. Noles at (_352_) _223 - 9221_
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☑ $160.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                       (additional copy is enclosed)

<u>**Mailing Address**</u>
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

<u>**Street/Courier Address**</u>
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:

In His Foot Steps 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:

Maggie L. Noles
10401 U.S. Hwy 441-Ste.124
Leesburg FL 34788

Mailing Address:

Maggie L. Noles
P.O. Box 1843
Mt. Dora, FL 32756

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:

Maggie L. Noles

Name

1400 Eudora Rd, East

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

Mt. Dora FL 32757

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)

Page 1 of 2

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

MGR

Name and Address:

Maggie L. Noles
P.O. Box 1843
Mt. Dora, FL 32756

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _Sept. 23 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:

Maggie L. Noles

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.)

Maggie L. Noles
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)