

L11000115856 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

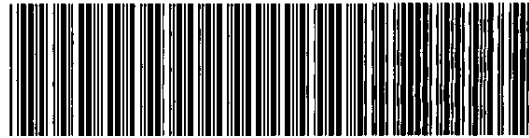
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 10 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cleftone Gospel Ministries, L.L.C.

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 Frank Evans

Name of Person

Cleftone Gospel Ministries, L.L.C.

Firm/Company

37 Lewis Street

Address

Jacksonville, Florida 32233

City/State and Zip Code

cleftonegospel@gmail.com

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

For further information concerning this matter, please call:

Reverend Frank Evans

Name of Person

at (904) 517-4105

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 &
Certificate of Status
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certificate of Status
(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

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STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEFTONE GOSPEL MINISTRIES, 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:

Mailing Address:

37 Lewis Street
Jacksonville, Florida 32233

37 Lewis Street
Jacksonville, Florida 32233

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 Frank Evans
Name

37 Lewis Street
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32233
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Frank Evans
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

Johnnie Mae Evans

37 Lewis Street

Atlantic Beach, FL 32233

MGRM

Benita Smallwood

1865 Edgewood Ave, W, #40

Jacksonville, FL 32208

MGRM

Leola Benjamin

8300 Old Kings Road South #36

Jacksonville, FL 32217

MGRM

Thadius Jackson

5681 Edenfield Street #417

Jacksonville, FL 32277

STATE
TALLAHASSEE
FLORIDA

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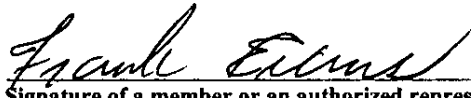
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(Use attachment if necessary)

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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Frank Evans

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2011

FRANK EVANS
37 LEWIS STREET
ATLANTIC BEACH, FL 32233

SUBJECT: CLEFTONE GOSPEL MINISTRIES
Ref. Number: W11000049255

We have received your document for CLEFTONE GOSPEL MINISTRIES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 711A00022011