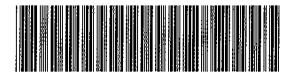
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(R	Requestor's Name)
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PICK-UP	Wait Mail
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(D	ocument Number)
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Certified Copies'	Certificates of Status
Special Instructions to	Filing Officer:
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B. KOHR EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations			No.
SUBJE		utledge Jr. ne of Limited Liability (s, LLC
The end	closed Articles of Organization and	fee(s) are submitted for	r filing.	
Please	return all correspondence concerning	ng this matter to the following	owing:	
	Jen	nifer E. Will Name of Pers	liams on	
	Lorenza Ri	utledge Jr. I		, LLC
		Firm/Compa	ny	
-	147	7 Capital Cir	cle NW	
		Address		
		City/State and Zip		
-		ms37@rocketr to be used for future annu		n)
For furt	her information concerning this ma	itter, please call:		
Jenr	ifer E. Williams	at (850) 251-12	289
	Name of Person		a Code & Daytime T	Felephone Number
Enclos	ed is a check for the following a	mount:		
125.00	Filing Fee \$130.00 Filing Certificate of	Status Certifie	Filing Fee & ad Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion Reg porations Div Clit 32314 266	gistration Section vision of Corporati fton Building I Executive Center lahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Lorenza Rutledge Jr. Ministries, 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 pu	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1477 Capital Circle NW Tallahassee, Florida 32303	1477 Capital Circle NW Tallahassee, Florida 32303			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another			
Lorenza Ru				
Name				
2885 Jim Le	e Road			
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)			
Tallahassee	_{FL} 32301			
City, St	ate, and Zip			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
/s/ LORENZA RUTI	The second secon			
Registered Agent's Signat	ture (REQUIRED)			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Lorenza Rutledge Jr 2885 Jim Lee Road Tallahassee, Florida 32301
MGR	Vickie Rutledge
	2885 Jim Lee Road Tallahassee, Florida 32301
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business day

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.)

Lorenza Rutledge Jr

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)