

L12000065305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

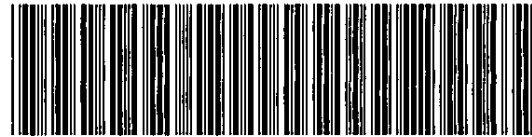
Special Instructions to Filing Officer:

A. LUNT

MAY 15 2011

EXAMINER

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TALLAHASSEE, FLORIDA

Fax Cover Sheet

TO: Division of Corporations FROM: Wessie Montgomery

COMPANY: DATE: 4/30/12

FAX NUMBER: TOTAL NO. OF PAGES: 6 including cover sheet.

PHONE NUMBER: 321-986-7222

RE:

☐ URGENT ☐ FOR YOUR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES: Name and Address:
Wessie Montgomery Jr.
P.O. Box 781
Cocoa, FL 32923
(321) 986-7222

From _____ Phone _____ Fax _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOD Is... LLC
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:

Wessie Montgomery Jr.
Name of Person

Firm/Company

P.O. Box 781
Address

Cocoa, FL. 32923
City/State and Zip Code

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

For further information concerning this matter, please call:

Wessie Montgomery Jr. at (321) 986-7222
Name of Person 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOD IS... 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:

424 Roosevelt Ave.
Merritt Island, FL 32953

Mailing Address:

P.O. Box 781
Cocoa, FL 32923

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:

Terrell Lopez
Name

4547 Cove Drive Suite 202
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32812
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..

Terrell Lopez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

President

Vice President

Registered Agent

Name and Address:

Wessie Montgomery Jr.
424 Roosevelt Ave.
Merritt Island, FL 32953

Norman Fleming Sr.
1000 Durango St. S.E.
Palm Bay, FL 32909

Terrell Lopez
4547 Cove Drive Suite 202
Orlando, FL 32812

(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:

Wessie Montgomery Jr.
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.)

Wessie Montgomery 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)