

L13000010147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

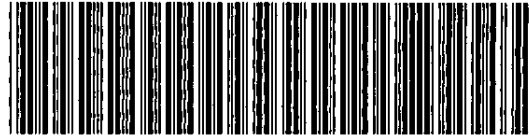
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JAN 22 2013

B. KOHR



200242277442

01/07/13--01005--006 **130.00

FILED
13 JAN -7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2013

SHANTRELL N. MERKISON
1334 DUNNS LAKE DRIVE
JACKSONVILLE, FL 32218

SUBJECT: THE PROMISED LAND, L.L.C.
Ref. Number: W13000001518

EFFECTIVE DATE

1/1/2013

FILED
13 JAN -7 AM 8:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for THE PROMISED LAND, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is PROMISED LANDS, LLC -- Doc. Number L05000045243.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 113A00000584

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 1/1/2013

SUBJECT: The Promised Land Communities, 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:

Shantrell Merkison

Name of Person

Firm/Company

1334 Dunns Lake Drive

Address

Jacksonville, FL 32218

City/State and Zip Code

nickiet1@aol.com

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

For further information concerning this matter, please call:

Shantrell Merkison

Name of Person

at (**904**) **226-0999**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status
previously included

☐ \$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

EFFECTIVE DATE 1/1/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Promised Land ~~LLC~~ Communities, 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:

2021 Broward Road
Jacksonville, FL 32218

Mailing Address:

1334 Dunns Lake Drive
Jacksonville, FL 32218

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:

Willie J. Walker, ESQ.

Name

625 West Union Street - Suite 3

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

Jacksonville, FL 32202

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)

FILED
13 JAN -7 AM 8:30
SECRETARY OF STATE
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:

MGRM

Shantrell Merkison

1334 Dunns Lake Drive

Jacksonville, FL 32218

MGRM

Jason Merkison

1334 Dunns Lake Drive

Jacksonville, FL 32218

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2013 (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.)

Shantrell Merkison

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)