

L13000097744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

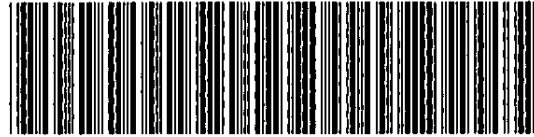
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JUL 10 2013

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DIVISION OF CORPORATIONS
2013 JUL 10 AM 11:47
NOT ENTERED
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SUFFICIENCY OF FILING

FILED
2013 JUL 10 AM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: God's Workshop, 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:

Stanley L. Strickland

Name of Person

God's Workshop, LLC

Firm/Company

3514 Lakeshore Drive

Address

Tallahassee, Florida 32312

City/State and Zip Code

fishermanstan@comcast.net

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

For further information concerning this matter, please call:

Stanley L. Strickland

Name of Person

at **850 445-2743**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

God's Workshop, 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:

3927 Crawfordville Highway, Unit B40
Tallahassee, FL 32305

Mailing Address:

3514 Lakeshore Drive
Tallahassee, FL 32312

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:

Stanley L. Strickland

Name

3514 Lakeshore Drive

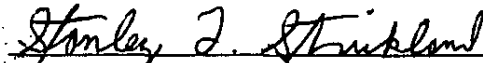
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32312

FL

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)

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JUL 10 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

