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L13000159604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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EFFECTIVE DATE 11/15/13

2013 NOV 12 AM 10:46
TALLAHASSEE, FLORIDA

BUSINESS

NOV 14 2013

13

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agape Empowered Living, 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:

MARIKO Billups

Name of Person

Firm/Company

1403 Eagle Crossing DR

Address

ORANGE PARK, FL. 32065

City/State and Zip Code

mbillups@KSUBC.org

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

For further information concerning this matter, please call:

MARIKO Billups

Name of Person

at (904) 625-7275

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

2003 NOV 12 AM 10:46
TALLAHASSEE, FL 32301
REGISTRATION SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Agape Empowered Living, 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:

1403 Eagle Crossing Dr.
Orange Park, FL 32065

Mailing Address:

SAME

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:

King Solomon United Baptist Church
Name

2240 Forest St.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32204
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..

Michael C. C. C.
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

Mariko Billups
1403 Eagle Crossing Dr.
Orange Park, FL 32065

MGRM

Keisha Billups
1403 Eagle Crossing Dr.
Orange Park, FL 32065

MGRM

Anthony Crawford
400 W. Peachtree St. NW 1409
Atlanta, GA 30308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/15/13 (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.)

Mariko Billups

Typed or printed name of signer

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)

2013 NOV 12 AM 10:46
TALLAHASSEE, FL 32310