

L14000096774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

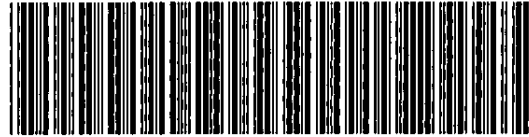
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/14--01049--025 **160.00

FILED
JUN 16 PM 11
JUN 16 2014

J. Shivers JUN 17 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Little Lights Early Childhood Development 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:

Dr. Henry Troy Wade

Name of Person

Little Lights Early Childhood Development LLC

Firm/Company

5125 SW 129th Place

Address

Ocala, Florida 34473

City/State and Zip Code

thwade2010@gmail.com

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

For further information concerning this matter, please call:

Malachi S. Johnson

Name of Person

at (281) 413-8997

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:

Little Lights Early Childhood Development 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:

5125 SW 129th Place

Ocala, Florida 34473

Mailing Address:

Post Office Box 2830

Bellevue, Florida 34421

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:

Dr. Henry Troy Wade

Name

5125 SW 129th Place

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


Ocala

City

FL 34473

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
16 JUN 16 PM 12:11
CLERK OF CIRCUIT COURT
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Light Sword Ministries, Inc.

5125 SW 129th Place

Ocala, Florida 34473

(Use attachment if necessary)

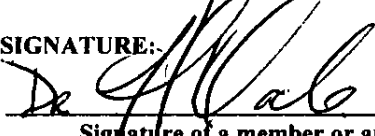
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

No substantial part of the activities of this Limited Liability Company shall consist of carrying on propaganda, or otherwise attempting to influence legislation and the Limited Liability Company shall not participate or intervene in political campaign on behalf of any candidate for public office.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Dr. Henry Troy Wade, President, Light Sword Ministries, Inc.

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)

14 JUN 16 PM 12:11
FLORIDA
DEPARTMENT OF STATE