

L14000126610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

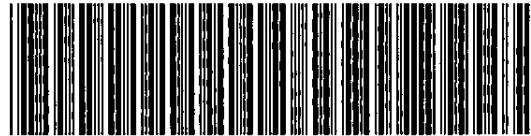
(Business Entity Name)

(Document Number)

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2014 AUG 13 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

N. Gulligan

AUG 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Open Arms Ministry, 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:

John G. Hooks

Name of Person

Open Arms Ministry, LLC.

Firm/Company

5596 Bloomfield Blvd

Address

Lakeland, FL 33810

City/State and Zip Code

jghooks1@verizon.net

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

For further information concerning this matter, please call:

John G. Hooks

Name of Person

at ( 863 )

Area Code

816-4623

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2014

JOHN G. HOOKS  
5596 BLOOMFIELD BLVD.  
LAKELAND, FL 33810

SUBJECT: OPEN ARMS MINISTRY, LLC  
Ref. Number: W14000046303

We have received your document for OPEN ARMS MINISTRY, LLC and your check(s) totaling \$160.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 214A00016173

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Open Arms Ministry, LLC.~~

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Open Arms and Loving Hands Ministries, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

John G. Hooks  
5596 Bloomfield Blvd  
Lakeland, FL 33810

Mailing Address:

John G. Hooks  
5596 Bloomfield Blvd.  
Lakeland, FL 33810

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:

Denise M. Hooks  
Name  
5596 Bloomfield Blvd.  
Florida street address (P.O. Box NOT acceptable)  
Lakeland City FL 33810 Zip

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STATE OF FLORIDA  
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 605, F.S.*

Denise M. Hooks  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

John G. Hooks

5596 Bloomfield Blvd.

Lakeland, FL 33810

AMBR

Ryanna J. Hooks

2 Allen Place

Bronxville, NY 10708

AMBR

Kimberly D. Hooks

10 River Rd. Apt. 5R

New York, NY 10044

AMBR

Julina L. Hooks

10 River Rd. Apt. 5R

New York, NY 10044

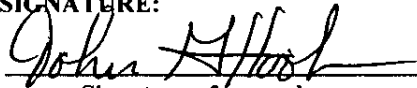
(Use attachment if necessary)

**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.

**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.)

John G. Hooks

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)

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