

LI 500 0027049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

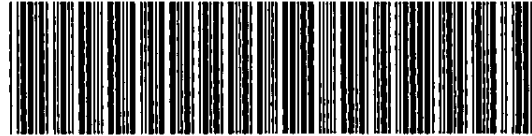
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100268550301

01/27/15--01011--023 \*\*130.00

15 FEB 12 AM 11:57  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

2/13/15 FEB 13 2015  
625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2015

LOVINSON SAINT-SAUVEUR  
818 HAVEN OAK CT  
APOPKA, FL 32703

SUBJECT: THE PURPOSE DRIVEN BUSINESS MODEL LLC  
Ref. Number: W15000008086

We have received your document for THE PURPOSE DRIVEN BUSINESS MODEL LLC 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 215A00002261

**COVER LETTER**

**TO: Registration Section ,  
Division of Corporations**

**SUBJECT: The Purpose Driven Business Model**  
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:

Lovinson A. Saint-Sauveur  
Name of Person

The Purpose Driven Business Model  
Firm/Company

818 Haven Oak Court  
Address

Apopka, FL 32703  
City/State and Zip Code

lovinsonsaint@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lovinson A. Saint-Sauveur at ( 407 ) 953-9092  
Name of Person 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:

THE PURPOSE DRIVEN BUSINESS MODEL, 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:

818 Haven Oak Court

Apopka, FL 32703

Mailing Address:

P.O. BOX 607927

Orlando, FL 32860

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:

Lovinson A. Saint-Sauveur

Name

818 Haven Oak Court

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


Apopka

City

FL 32703

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)

**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:**

Odevelyne B. Saint-Sauveur

818 Haven Oak Court

Apopka, FL 32703

MGR

Lovinson A. Saint-Sauveur

818 Haven Oak Court

Apopka, FL 32703

AMBR

Jacques Yvinsson Alexandre  
4257 Plantation Cove Dr.

Orlando, FL 32810

(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.)

Lovinson A. Saint-Sauveur

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)

5 FEB 12 AM 11:57  
DEPARTMENT OF STATE  
FLORIDA