

L/15000095849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

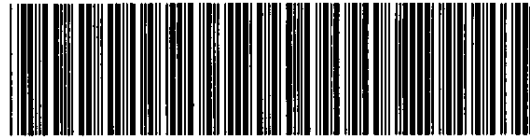
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-35940 608

Office Use Only



600272755226

05/18/15--01044--015 **160.00

FILED
2015 JUN -2 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN -3 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

TREVOR B ELDRIDGE
LAW OFFICE OF TREVOR B ELDREDGE, LLC
P.O. BOX 768
KAYSVILLE, UT 84037

SUBJECT: AMBASSADORS OF HOPE, LLC
Ref. Number: W15000035940

RECEIVED
15 JUN -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMBASSADORS OF HOPE, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 315A00010704

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ambassadors of Hope, 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:

Trevor Eldredge

Name of Person

Law Office of Trevor B. Eldredge, LLC

Firm/Company

PO Box 768

Address

Kaysville, Utah 84037

City/State and Zip Code

trevor@eldredgelaw.com

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

For further information concerning this matter, please call:

<u>Trevor Eldredge</u>	<u>801</u>	<u>296-2423</u>
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 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:

Ambassadors of Hope, 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:

1204 E. Cumberland Ave. Apt. 417

Tampa, Florida 33602

Mailing Address:

1204 E. Cumberland Ave. Apt. 417

Tampa, Florida 33602

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:

Cedric Penn

Name

1204 E. Cumberland Ave. Apt. 417

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

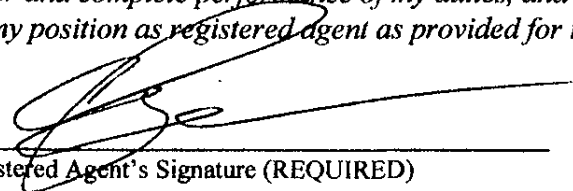
Tampa, Florida 33602

City

State

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)

FILED
2015 JUN -2 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, 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

MGR

Name and Address:

Doug Penn

310 Union St.

Brownsville, PA 15147

FILED
2015 JUN -2 PM 3:50
CLERK OF SUPERIOR COURT
HALLAMHURST, MISSOURI

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Cedric Penn

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)