

L15000105132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Florida Department of State

June 11, 2015

Division of Corporations

Global Esther's Ministries

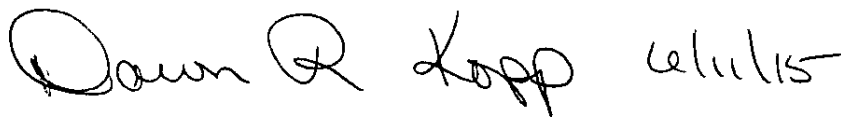
940 Tarpon Street

Fort Myers, FL 33905

Enclosed please find our forms to register Global Esther's Ministries. My contact information is:

Dawn R Kopp Daytime phone is 239-600-2653

Thank you for your assistance with this matter for us!

A handwritten signature in black ink that reads "Dawn R Kopp" followed by the date "6/11/15". The signature is written in a cursive, flowing style.

Dawn R Kopp

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Esther's Ministries 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:

Mailing Address:

940 Tarpon St
Fort Myers, FL 33916

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:

Dawn R Kopp
Name

2320 Parkview Dr

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

Ft Myers

FL 33905

City

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..

Dawn R. Kopp
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

AMBR

MGR

AMBR

Name and Address:

Dawn R Kopp
2320 Parkview Dr
Ft Myers, FL 33905

Kassie Smith
3857 Kittyhawk Dr
Ft Myers, FL 33905

Dianna Leigh
1707 SW 3rd Ter
Cape Coral, FL 33911

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(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:

Dawn R Kopp

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

(In accordance with section 605.0205 (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.)

Dawn R Kopp

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)