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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
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15 FEB - 1 PM 2: 49

FEB 1 7 2016 S. GILBERT

COVER LETTER

TO: ;

1.44

TO: ;	Registration Section Division of Corporations	
SUBJEC	Our Father's Storehouse, LLC	
SUBJEC		mited Liability Company
The encl	closed Articles of Organization and fee(s) a	ure submitted for filing
	eturn all correspondence concerning this n	
	Rick Patrick	in the total wing.
	KICK PAIRICK	
		Name of Person
		Firm/Company
	102 N. Center Street	
		Address
	Perry, Florida 32347	
	rickafbcperr	City/State and Zip Code
	E-mail address: (to be use	for future annual report notification)
For furthe	er information concerning this matter, plea	se call:
	Rick Patrick	350 443-8915
	at (at (Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
\$125.00	Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			man house format
				16 FEB - 1 PM 2: 49
Our Father's Storehou	nse IIC			*** 2.49
		imited Liability Comr	pany, "L.L.C.," or "LLC.")	Tall Adams of STATE
(Mast one	with the words L	minea Elacinty Comp	any, b.b.c., or bbc. j	Pt. O.N.D.
ARTICLE II - Address:				
The mailing address and street ac	ddress of the princ	ipal office of the Lim	ited Liability Company is:	
Princips	al Office Address	:	Mailing Ad	dress:
		-		
212 E. Ash Street			102 N. Center Street	
Perry, Florida 32347		<u></u>	Perry, Florida 32347	
another business entity with an a The name and the Florida street a		,		
		Name		
	102 N. Center S			
	Florida street a	ddress (P.O. Box NO	T acceptable)	
	Perry	Florida	32347	
	City	State	Zip	
laving heen named as registered a	igent and to accep	t service of process fo	r the above stated limited lid	ability company at the
lace designated in this certificate, irther agree to comply with the pro m familiar with and accept the obj	I hereby accept th ovisions of all stat	e appointment as regi utes relating to the pro	stered agent and agree to a oper and complete perform	ct in this capacity. I ance of my duties, and I
		Registered Agent's Signature	gnature (REOUIRED)	_
		8	J	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Rick Patrick
AMBR	102 N. Center Street
	Perry, Florioda 32347
	refry, Florioda 32347
AMBR	Treva Lundy
AMBR	102 N. Center Street
	Perry, Florida 32347
	Terry, Horida 32347
AMBR	Peggy Sisk
	102 N. Center Street
	Perry, Florida 32347
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block do	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 days The specific and cannot be statutory filing requirements, this date will not be lightly as a first of State and cannot be statutory filing requirements.
LE V: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block do	t be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than fective date is listed, the date must of filing.)	t be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department.	et be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be lirtment of State's records.
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block do ument's effective date on the Department's Cother provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be lirtment of State's records.
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Council of the Department's Effective date on the Depart	et be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be lirtment of State's records.
LE V: Effective date, if other than a fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Council of the Department's Effective date on the Depart	es not meet the applicable statutory filing requirements, this date will not be light the statutory filing requirements, this date will not be light the statutory filing requirements, this date will not be light the state of t

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)