

L16000032608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TO: Registration Section  
Division of Corporations**

*New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2016

NELSON EAGLE  
413 BAY PALMS DR.  
HOLMES BEACH, FL 34217

SUBJECT: CHRISTIAN CHILDCARE & PRESCHOOL MINISTRIES 2016, LLC  
Ref. Number: W16000002150

We have received your document for CHRISTIAN CHILDCARE & PRESCHOOL MINISTRIES 2016, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 216A00000892

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christian Childcare & Preschool Ministries 2016, 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:**

413 Bay Palms Dr

Holmes Beach, FL 34217

**Mailing Address:**

413 Bay Palms Dr

Holmes Beach, FL 34217

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:

Nelson Eagle

Name

413 Bay Palms Dr

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

Holmes Beach

FL

34217

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)

(CONTINUED)

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**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:**

Nelson Eagle

413 Bay Palms Dr

Holmes Beach, FL 34217

AMBR

Nancy Eagle

413 Bay Palms Dr

Holmes Beach, FL 34217

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*(Use attachment if necessary)*

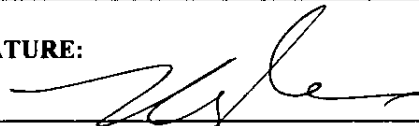
**ARTICLE V:** *Effective date, if other than the date of filing: Jan 01, 2016* (OPTIONAL)

**(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.**

*This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.*

NELSON EAGLE

*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)**