

L/6000050370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

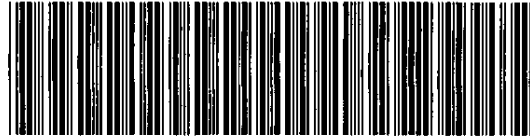
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/16--01032--018 **160.00

FILED
SECRETARY OF STATE
MISSISSIPPI CORPORATION
JAN 25 2016 AM 8:31

W16-008791

03/15/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

TONY ERVIN
1667 SCRUB JAY RD.
APOPKA, FL 32703

SUBJECT: A TREE OF LIFE FELLOWSHIP LLC
Ref. Number: W16000008791

We have received your document for A TREE OF LIFE FELLOWSHIP 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):

This document was previously filed on March 20, 2012.

The document number of the name conflict is N12000003014.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 916A00002478

To' whom this may concern

I spoke with Andy Dunlap, stating that I
should write this letter to inform you that
I will like to this same name as the
Profit side of Dragnation. "A Tree of Life
Fellowship LLC" please go ahead and file
this as a profit side. we are owners of
the profit side and the non-profit side ..

Thank you.

Please call me if you have any
Question

318 208.6223

Tony Erwin

Mailed 3/8/16

15 MAR 16 14:03:31
RECEIVED
SECURITY DIVISION
FBI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Tree of Life Fellowship 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:

Tony Erwin
Name of Person

A Tree of Life Fellowship LLC
Firm/Company

11667 Scrub Jay Rd.
Address

Apopka FL 32703
City/State and Zip Code

tony.erwin@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaSharrice Erwin at (407) 464-9933
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

A Tree of Life Fellowship 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:

630 Emerald Dr.
Orlando FL 32808

Mailing Address:

11667 Scrub Jay Rd.
Apopka FL 32703

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:

Tony Ervin
Name

11667 Scrub Jay Rd.
Florida street address (P.O. Box **NOT** acceptable)

Apopka FL 32703
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
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15:01:14

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

AMBR

Name and Address:

Tony Ervin
1667 Scrub Jay Rd
Apopka FL 32003

LaSherrie Ervin
1667 Scrub Jay Rd
Apopka FL 32003

(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.

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.

Tony Ervin

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)

1836 07 10 10 30
STATE OF FLORIDA
DEPARTMENT OF STATE