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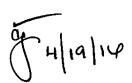
(Re	equestor's Name)	
, (Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Covenant Financial Resource, LLC		
SUBJEC		imited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	urn all correspondence concerning this	matter to the following:	
	Victory L Dawson		
		Name of Person	
	<u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4720 East 98th Ave.		
		Address	
	Tampa, FL 33617		
		City/State and Zip Code	
	victory.dawson@yahoo.com		
	E-mail address: (to be use	ed for future annual report notificat	tion)
For further	information concerning this matter, plea	ase call:	
	Victory L. Dawson	987-2919	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	is a check for the following amount:		
\$125.00 F	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	Street Address	

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED 16 APR 18 PM 2: 56

March 29, 2016

VICTORY L. DAWSON 4720 EAST 98TH AVENUE TAMPA, FL 33617

SUBJECT: COVENANT FINANCIAL RESOURCE, LLC

Ref. Number: W16000023141

We have received your document for COVENANT FINANCIAL RESOURCE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 916A00006413

16 APR 18 PH 4: 44

EFFECTIVE DATE 05 13 10

Pf. 2: 56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					F 1_
The name of the Limited Liability	Company is:			16	APR 18
Covenant Financial R		31 1-10% C		•	1
(Must end v	with the words "Limite	d Liability Col	npany, "L.L.C.," or "LLC.")	1-	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Li	mited Liability Company is:		
Principa	l Office Address:		Mailing Addı	ress:	
Covenant Financial R 4720 East 98th Ave Tampa, FL 33617	esource, LLC.		Covenant Financial Resource 4720 East 98th Ave Tampa, FL 33617	:, LLC.	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	n Registered A		dividua	al or
The name and the Florida street a	ddress of the registere	d agent are:			
	Victory L. Dawson				
		Name			
	4720 East 98th Ave				
	Florida street addre	ss (P.O. Box 🖊	(OT acceptable)		
	Tampa	FL	33617		
	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..

(CONTINUED)

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
CEO	Victory L. Dawson
	4720 East 98th Ave
	Tampa, FL 33617
MGR	Kimberly Dawson
	4720 East 98th Ave
	Tampa, FL 33617
(Use attachment if necessary)	
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.
REQUIRED SIGNATURE:	y 2 Dawn
Signature of a	member or an authorized representative of a member.
This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa	alse information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.
Victory L. Dav	wson
	Typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Opti	ional)

Page 2 of 2

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