

L16000 139741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

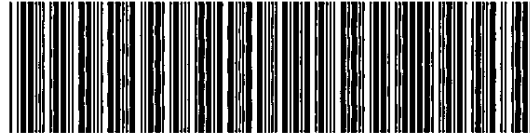
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 20 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Disciples of Christ Custom Imprinting and Embroidery 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:

Brian Stanford
5704 Perry ST
Jacksonville, FL 32208

DesciplesOfChristCustomIE@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Crabtree at (904) 514-8035

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Disciples of Christ Custom Imprinting and Embroidery LLC.

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5704 Perry St.
Jacksonville, FL 32208

Mailing Address:

5704 Perry St.
Jacksonville, FL 32208

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Sean Crabtree

Name

3002 Newell Blvd

Florida street address

<u>Jacksonville</u>	<u>FL</u>	<u>32216</u>
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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

"AMBR" = Authorized Member

"MGR" = Manager

AMBR Brian R. Stanford
5704 Perry St
Jacksonville, FL 32208

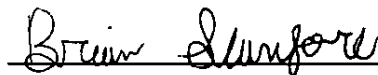
AMBR Sean M. Crabtree
3002 Newell Blvd
Jacksonville, FL 32216

AMBR Teresa T. Stanford
1563 Cedar Bay Rd
Jacksonville, FL 32218

AMBR John R. Stanford
1563 Cedar Bay Rd
Jacksonville, FL 32218

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TALLAHASSEE, FLORIDA

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.

Brian Stanford

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)