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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

10/10/2016

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Thank you!

COVER LETTER

FILE

TO: Registration Section 16 COT 10 22 DE 58 **Division of Corporations** Selah Freedom Open Doors, LLC SUBJECT: 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: Kathleen Chyna Name of Person Drinker Biddle & Reath LLP Firm/Company 191 N. Wacker Drive, Ste. 3700 Address Chicago, IL 60606 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathleen Chyna Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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:					EIL Th
The name of the Limited Liability	Company is:			16	FOT 19 11 3 59
Selah Freedom Open I	Doors, LLC th the words "Limited L	iahility Company	"I.C." or "I.C.")		· .
ARTICLE II - Address: The mailing address and street add			•		
<u>Principal</u>	Office Address:		Mailing Add	dress:	
100 Wallace Avenue S Sarasota, FL 34237	tc. 260		Box 21415 sota, FL 34276		
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ad	annot serve as its own Retive Florida registration. Idress of the registered as Brent A. Woody, Esq.	egistered Agent. \) gent are:		ndividual	or
	7	Name			
	812 Louden Avenue Florida street address (P.O. Box <u>NOT</u> ac	cceptable)		
	Dunedin, FL 34698				
	City	State	Zip		
laving been named as registered ag place designated in this certificate, I urther agree to comply with the pro um familiar with and accept the obli	hereby accept the appoir visions of all statutes rela	ntment as registere tting to the proper registered agent c	d agent and agree to ac and complete performa	ct in this conce of my	apacity. I duties, and I

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Elizabeth Fisher
	100 Wallace Avenue, Ste. 260
	Sarasota, FL 34237
MGR	Marc Hanson
	100 Wallace Avenue, Ste. 260
	Sarasota, FL 34237
MGR	Toma Milbank
	100 Wallace Avenue, Ste. 260
	Sarasota, FL 34237
(Use attachment if necessary)	
EV. Effective date if other than the date	e of filing: (OPTIONAL)
fective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 90 days
	meet the applicable statutory filing requirements, this date will not be lis
iment's effective date on the Department	

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.

Kathleen A. Chyna

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)