

L17000189781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

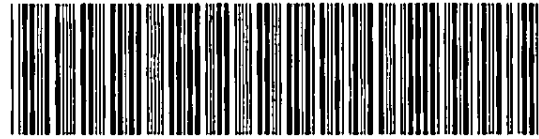
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/05/17--01014--021 \*\*130.00

17 SEP -5 AM 11:46  
TALLAHASSEE, FLORIDA  
STATE

EFFECTIVE DATE 09/01/17

*K* 09/07/17

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: OPEN DOOR RE-ENTRY MDSE, 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:

**JERRY C. KNIGHT**  
(Name of Person)

**GRACE ACCOUNTING SERVICE, INC.**  
(Firm/Company)

**4721 E. MOODY BLVD., STE 505**  
(Address)

**BUNNELL, FL 32110**  
(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY C. KNIGHT  
(Name of Person)

at 386 437-6744  
(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

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OPEN DOOR RE-ENTRY MDSE LLC**

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**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

22 FERNHAM LANE  
PALM COAST, FL 32137

**Mailing Address:**

P.O. BOX 353594  
PALM COAST, FL 32135

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

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

CHARLES R. SILANO

(Name )

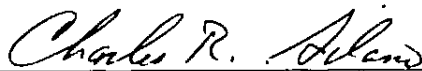
22 FERNHAM LANE

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

PALM COAST, FL 32137

City, State, and 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 608, F.S..*



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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FILED  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = MANAGER

**OWNERSHIP**

100.0%

**Name and Address:**

OPEN DOOR RE-ENTRY &  
RECOVERY MINISTRY INC  
P.O. BOX 353594  
PALM COAST, FL 32135


**ARTICLE V-Purpose**

THE PURPOSE OF THIS LLC IS TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE ACQUIRE, SELL, RENT, IMPORT, EXPORT, DISTRIBUTE AND DEAL IN GOODS, WARES, SERVICES, MERCHANDISE AND MATERIALS OF ANY KIND AND DESCRIPTION INCLUDING THE PURCHASE AND SALE OF PREVIOUSLY OWNED APPLIANCES AND FURNITURE. THE FOREGOING PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE LLC FROM EXTENDING ITS ACTIVITIES TO ANY RELATED OR OTHERWISE PERMISSIBLE LAWFUL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIRABLE FOR THE FURTHERANCE OF COMPANY OBJECTIVES EXPRESSED ABOVE.

**ARTICLE V-Effective Date**

THE EFFECTIVE DATE OF THIS LIMITED LIABILITY COMPANY SHALL BE:  
**SEPTEMBER 1, 2017.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CHARLES R. SILANO**

Typed or printed name of signee

17 SEP -5 AM 11:44  
FALL COUNTY, FLORIDA