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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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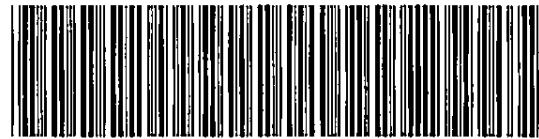
(Business Entity Name)

(Document Number)

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2018 SEP 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 21 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WORLD OF IMMANUEL KEITH M. EDWARDS "LLC"
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing. W17006081217

Please return all correspondence concerning this matter to the following:

KEITH M. EDWARDS

Name of Person

WORLD OF IMMANUEL KEITH M. EDWARDS "LLC"
Firm/Company

~~519 EAST VOORHIS AVE.~~ 519 EAST VOORHIS AVE.
Address

DELAND FL. 32724

City/State and Zip Code

N/A at this time.

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

For further information concerning this matter, please call:

KEITH M. EDWARDS at (401) 307-4886
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)

Fees PAID DATE 10/17/17 ON FILE W17000081217

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

W17000081217

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORLD OF IMMANUEL KEITH MEDWARDS
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.") "LLC,"

ARTICLE II - Address:

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

Principal Office Address:

519 East Voorhis Ave.
DELAND FL 32724

Mailing Address:

519 East Voorhis Ave.
DELAND FL 32724

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:

KEITH M. EDWARDS
Name

519 East Voorhis Ave
Florida street address (P.O. Box **NOT** acceptable)

DEland FL 32724
City State Zip

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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..

Keith M. Edwards
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MANAGER

KEITH M. EDWARDS
519 EAST VOORHIS AVE
DELAND FL 32724

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/13/18 (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:

WORLD OF IMMANUEL KEITH M. EDWARDS
CEIN 04-3717474 I.R.S. DEPT OF the Treasury
OGDEN UT. 84201-0038

REQUIRED SIGNATURE:

Keith M. Edwards

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Keith M. Edwards

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)

2018 SEP 20 AM 8:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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