| 1 | Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit numb | |
|------|---|-------------|
| | (shown below) on the top and bottom of all pages of the document. | |
| | (((H19000199734 3))) | |
| | | |
| | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pay Doing so will generate another cover sheet. | ge. |
| ··· | To: Division of Corporations Fax Number : (850)617-6381 | |
| | From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 | |
| | <pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre> | |
| | | |
| | FLORIDA LIMITED LIABILITY CO. Faithgrace Properties & Investments LLC | |
| 01 | Certificate of Status | 2019 JUN 27 |
| ណ៍ ំ | | |

.

·...

٠.

| COVER LETTER | · |
|--|-------|
| TO: Registration Section Division of Corporations | |
| Paithgrace Properties & Investments LLC | |
| SUBJECT: | • |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Cheyenne Moseley, Legalzoom.com, Inc. | |
| Name of Person | |
| Legalzoom.com, Inc. | |
| Firm/Company | |
| 101 N. Brand Blvd., 10th Floor | |
| Address | |
| Glendale, CA 91203 | • |
| City/State and Zip Code onlinefilings@Legalzoom.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Cheyenne Moseley 323 962-8600 ext. 7625 at () | : |
| 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 & Certificate of | |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

: ;

÷

i : ł

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Faithgrace Properties & Investments LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE H - Address:

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

| Principal Office Address: | Mailing Address: |
|--|------------------|
| 411 San Lanta Cir Sanford, FL 32771 | |

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 husiness entity with an active Florida registration.)

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

| United States Corpo | ration Agents, Inc. | |
|-----------------------|-----------------------------|----------|
| | Name | |
| 5575 S. Semoran Bi | vd., Suite 36 | <u></u> |
| Florida street addres | ss (P.O. Box <u>NOT</u> acc | eptable) |
| Orlando | Florida | 32822 |
| 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 ant fumiliar with and accept the obligations of my position as registered agent as pravided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Owner

- - ---

. . .

(CONTINUED)

Page 1 of 2



5

.

· .

۰<u>۱</u>

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | Aaron Leroy Furlow Sr. |
| AMBR | 411 San Lanta Cir |
| | Sanford, FL 32771 |
| | |
| ,*,* | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : | date of filing: (OPTIONAL) a specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. |
| ective date is listed, the date must h of filing.) f the date inserted in this block does : ment's effective date on the Departn ,F. VI: Other provisions, if any. | e specific and cannot be more than tive business mys prior to in 30 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records. |
| ective date is listed, the date must h of filing.) f the date inserted in this block does : ment's effective date on the Departn ,F. VI: Other provisions, if any. | e specific and cannot be more than tive business mys pror to in 30 days area |
| Sective date is listed, the date must b of filing.) If the date inserted in this block does : insent's effective date on the Departs .F. VI: Other provisions, if any. | e specific and cannot be more than tive business mys prior to in 30 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records. |
| iective date is listed, the date must b of filing.) f the date inserted in this block does : iment's effective date on the Departn .E. VI: Other provisions, if any. | e specific and cannot be more than tive business mys prior to in 30 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records. |
| Pective date is listed, the date must h of filing.) f the date inserted in this block does : insert's effective date on the Departm _E VI: Other provisions, if any. | a member of an authorized representative of a member. Recuted in accordince with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : intent's effective date on the Departm .E VI: Other provisions, if any. <u>REOUIRED</u> SIGNATURE: Signature of This document is e I am aware that any constitutes a third d | a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, failse information submitted in a document to the Department of State |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : intent's effective date on the Departm .E VI: Other provisions, if any. <u>REOUIRED</u> SIGNATURE: Signature of This document is e I am aware that any constitutes a third d | a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. toseley, Legalzoom.com, Inc. Typed or printed name of signce |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : ment's effective date on the Departm .E. VI: Other provisions, if any. <u>REOUIRED SIGNATURE:</u> Signature of This document is c I am aware that any constitutes a third d <u>Cneveune M</u> | a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State Egree felony as provided for in s.817.155, F.S. Inseley, Legalzoom.com, Inc. Typed or printed name of signee Filling Fees: |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : ment's effective date on the Departm E VI: Other provisions, if any. | a member of an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Inseley, Legalzoom.com, Inc. Typed or printed name of signee Eiling Fees: f Organization and Designation of Registered Agent |
| ective date is listed, the date must b of filing.) f the date inserted in this block does : ment's effective date on the Departm .E. VI: Other provisions, if any. <u>REOUIRED SIGNATURE:</u> Signature of This document is c I am aware that any constitutes a third d <u>Cneveune M</u> | a member of an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Inseley, Legalzoom.com, Inc. Typed or printed name of signee Filing Fees: if Organization and Designation of Registered Agent al) |
| ective date is listed, the date must b of filing.) The date inserted in this block does : ment's effective date on the Departm F. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is c I am aware that any constitutes a third d <u>Crovenne M</u> \$125.00 Filling Fee for Articles of \$ 30.00 Certified Copy (Option | a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. Inseley, Legalzoom.com, Inc. Typed or printed name of signce Filing Fees: if Organization and Designation of Registered Agent al) |