

L19000165393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

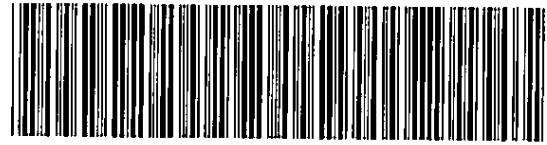
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. JEFFREY REYNOLDS

ATTORNEY AT LAW
924 N. PALAFOX STREET
PENSACOLA, FLORIDA 32501

GENERAL PRACTICE

June 21, 2019

(850) 434-2522

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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Zion Homemakers, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. Jeffrey Reynolds
Attorney at Law
924 North Palafox Street
Pensacola, Florida 32501

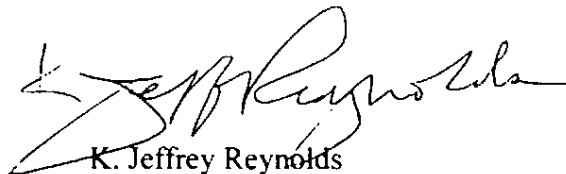
E-mail address: (to be used for future annual report notification): kjeffreynolds@att.net

For further information concerning this matter, please call:

K. Jeffrey Reynolds at (850) 434-2522

Enclosed is a check for the \$125.00 Filing Fee.

Very truly yours,



K. Jeffrey Reynolds

**ARTICLES OF ORGANIZATION
FOR
ZION HOMEMAKERS, L.L.C.**

The undersigned subscriber to these Articles of Organization hereby forms a Limited Liability Company under Chapter 605, Florida Statutes.

**ARTICLE I
Name of the Limited Liability Company**

The name of this Limited Liability Company is Zion Homemakers, L.L.C.

**ARTICLE II
Address**

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

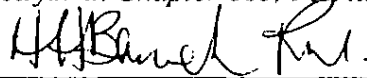
9739 Harlington Street
Cantonment, Florida 32533.

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

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

Hephzibah Baruch
9739 Harlington Street
Cantonment, Florida 32533

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, Florida Statutes.



Registered Agent's Signature

**ARTILCE IV
Manager(s) or Managing Members(s)**

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

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TALLAHASSEE
FLORIDA

Title

Name and Address

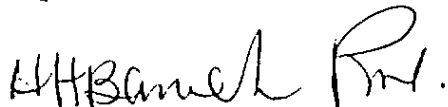
MGR-Manager

Hephzibah Baruch
9739 Harlington Street
Cantonment, Florida 32533

ARTICLE V
Effective Date

The effective date of this organization is July 1, 2019.

REQUIRED SIGNATURE:



Signature of Manager

(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.)

Hephzibah Baruch

Typed or printed name of signee