

L1900030203

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

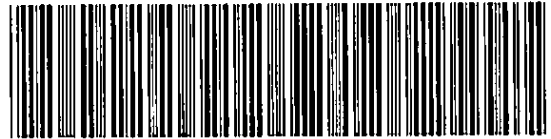
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300337237323

11/22/19--01028--022 \*\*160.00

FILED  
19 NOV 22 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: THE PARRISH HOUSE OF HOPE 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:

Barbara L. Elmore  
Name of Person

THE PARRISH HOUSE OF HOPE  
Firm/Company

314 EAST PARK STREET  
Address

(mail) P.O. Box 263

AUBURNDALE FLORIDA  
City/State and Zip Code

hobbiesdesigningedge @ Verizon.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Elmore at ( 863 ) 207-3262  
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)

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:

The name of the Limited Liability Company is:

THE PARISH HOUSE OF HOPE LLC  
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**Principal Office Address:**

401 P.K. AVE  
Auburndale FLORIDA  
33823

**Mailing Address:**

P.O. Box 263  
Auburndale Florida  
33823

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:

Barbara L. Elmore  
Name

401 P.K. AVE  
Florida street address (P.O. Box **NOT** acceptable)

AUBURNDALE FLORIDA 33823  
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Barbara L. Elmore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
19 NOV 22 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

Barbara L. Elmore  
P.O. Box 263  
Auburndale, FL 33823

SIDNEY A. Parrish Jr.  
502 Lake Lena Blvd.  
Auburndale, FL 33823

DERRICK Parrish  
2057 Grande St.  
Jacksonville, FL 32208

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jun 1, 2020 (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.

THE PARRISH HOUSE OF HOPE LLC  
CHARITABLE ORGANIZATION TO HELP INDIVIDUALS WITH AND  
THROUGH talk therapy, SOUL CARE, TO FORWARD THE WORK OF JESUS CHRIST

**REQUIRED SIGNATURE:**

Barbara L. Elmore

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.

BARBARA L. Elmore  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 NOV 22 PM 12:27

FILED