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# COVER LETTER

TO:	New Filing Section
	Division of Corporations

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Messiah Books ORE, LLC SUBJECT: 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:

Sylvin A. Thomas			
/ Name of Person			
Messiah Buokstore, LLC.			
Firm/Company			
1606 S. MONROE St			
Address			
Tullahassee, FL 32301 City/State and Zip Code 54/U.A. a Michael & Complete			
City/State and Zip Code			
54/VILIG HUCHTAS @ OSMIAIL COM			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filling Fee

77\$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)

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Mailing Address New Filing Section

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

Must conatin the words "Limited Liability Company, "L.L.C.,

#### ARTICLE II - Address:

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

Principal Office Address: **Mailing Address:** Herchants Row Blue # 2.85 5. NONROE Kassee, FI

### 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:

Sylvia A. Twinks 2500 Merchants Row Blod # 285 Florida street address (P.O. Box NOT acceptable) <u>TUCKAUSSER FL</u> 3.2311 City State Zin

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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.,

Whan J. Momas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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# ARTICLE IV-

. . . .

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

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Title: "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	Name and Address: Sulvia A. Momas 12500 p.Rechantic Row Blud #285 Tallækisser, 22 32211
HMBR	JUSHING E. MUNTAS 2500 Mirchants Row Blud #287 Talle Kasser, FC 32311
AMBR	Andrea M. Smith 3235 Emerson Lane Falla Kesser, FZ 32317

(Use attachment if necessary)

\_\_\_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.

REQUIRED SIGNATURE: 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. 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)

S 5.00 Certificate of Status (Optional)