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2020 SEP 10 AMID: 48 SECREBARY OF STATE TAN 1 2942 SEE, FL

COVER LETTER •

TO: New Filing Section Division of Corporations
SUBJECT: RAdeal Ministries 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:
Richard Dixon JR. Name of Person
RAdeal Ministries LLC Firm/Company
5069 West Capps Highway
Montrollo, Flundo 32344 City/State and Zip Code Techelmini Stries a gmil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Dixon at (250) 519-5250 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certificate of Status & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Radeal Ministries LLC SECRETARY OF STATE (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Richard Dixon Jr.
50109 West Caps Highway
montriello, Florida 32314 2

Achard Dixon JR. 2017 Carlisle Court Omange Park Hours 32005

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:

Name

2011 (arise court

Florida street address (P.O. Box NOT acceptable)

Jkange, tark sour

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE	IV
The name ar	nd

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Richard DIXON R. 2677 Corliste Court Orange Parky 1 32065	
AMBR	Brianna N. Dixon 2627 Carlise Caret Backs Drange Flery H. 22065 10	26
AMBR	Brielle M. Dixon E. B. Drange Tork Carline County	100 SEP 10
AMBA	Elijah K. Upung P. S.	W 10: 14
(Use attachment if necessary)	111	
the date of filing.)	specific and carnot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b	
ARTICLE VI: Other provisions, if any.		<u>-</u> _
		
This document is execu I am aware that any fals	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree 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)
- \$ 5.00 Certificate of Status (Optional)