

621000122130Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.
Account Number : 875358880207
Phone : (904)829-9866
Fax Number : (904)825-4862

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ALLAN ROBERTS56@AOL.COM

FLORIDA LIMITED LIABILITY CO.
COUNTRY CHURCH LLC

Certificate of Status	0
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COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: COUNTRY CHURCH 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:

Allyson B. Currie, Esq.

Name of Person

Upchurch, Bailey and Upchurch, P.A.

Firm/Company

780 N. Ponce de Leon Boulevard

Address

St. Augustine, Florida 32084

City/State and Zip Code

ALLANROBERTS56@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Strickland

904

829-9066

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☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COUNTRY CHURCH 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:4175 State Road 16St. Augustine, Florida 32092**Mailing Address:**4175 State Road 16St. Augustine, Florida 32092**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:

Allan B. Roberts

Name

4175 State Road 16Florida street address (P.O. Box **NOT** acceptable)St. Augustine

City

Florida

State

32092

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.

Allan B. Roberts

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRAllan B. Roberts4175 State Road 16St. Augustine, Florida 32092MGRCamilla Roberts4175 State Road 16St. Augustine, Florida 32092____________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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._____

_____**REQUIRED SIGNATURE:**Allan B. Roberts**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.Allan B. Roberts

Typed or printed name of signer

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)

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