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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

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95/17/21--01041--003 **155.00

2121 HAY 17 PM 5: 15

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HOUSE OF PRAYER EVON Center H. O. P. EUPNYLISTIC CENTER The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHRISTOPHER. M. STEPHENS	
H.O.P EVANCELISTIC CENTER Firm/Company 8870 S. W ZIST	
Address	
MILAMAR FL 33075 City/State and Zap Code	ı
CHRIS andmichillestephenista yahoo. Caryn.	
E-mail address: (to be used for future annual report notification)	;
·	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	i)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	\
H.O.P. EVANGELISTICE	exter CCC
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
Cond 5.0 215	8870 S.W 2154

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:

ARTICLE I - Name:

STACEY	STEPHEN	S
	Name	
130 N.W.	485T	
Florida street address	s (P.O. Box NOT	acceptable)
Miami_	FL	33127
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..

Registered Agent & Signature (REQUIRED)

(CONTINUED)

2121 HAY 17 PM 5: 15

(Use attachment if necessary) CLEV: Effective date, if other than the date of filing: Signature of a member or an authorized representative of a member. This document is effective date on the Department of State's records. CLEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is exceeded 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 8.17.155, F.S. CHEISLOTHER Signature of a member of State in this date with not be last an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.17.155, F.S. CHEISLOTHER Signature of a member of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u> "AMBR" =	Authorized Member	Name and Address:	
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S 5.00 Certificate of Status (Optional)