# L21000342704

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



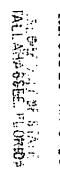
QUE 0 7 2021

T. SCOTT



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at III 98 RX B.



# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2021

CASSANDRA LEE 8547 QUEEN BROOKS CT TAMPA, FL 33637

SUBJECT: HOUSE OF REFUGE FOR ALL PEOPLE, LLC

Ref. Number: W21000075203

5

We have received your document for HOUSE OF REFUGE FOR ALL PEOPLE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not for profit can not covert to LLC.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 221A00011080

Called numerous of times trying to speak with a lep garding this letter, no person whom I spoke with was I to tell me what document I needed to sulomit and at I needed to Correct on the original. Hopefully, the closed documents are what you needed to Complete 4 nequest.

#### **COVER LETTER**

Division of Corporations				
SUBJECT: HOUSE OF REFLOE FUR ALL PEOPLE, LUC 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:				
Cassandra LEE Name of Person				
Firm/Company				
8547 Queen Brooks C-L Address				
Tampa Fl 33(03) City/State and Zip Code				
Crichler 2011 Comail com				
E-mail address: (to be ased for future annual report notification)				
For further information concerning this matter, please call:				
Cassandra LET at (813) 500-2163				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□S125.00 Filing Fee  □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status				

## Mailing Address

TO:

New Filing Section

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSE DE REFLIGE FOR ALL PEOPLE, 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:

<b>Principal Office Address:</b>	Mailing Address:
8547 Quern Brooks Cl	8547 Dueen Brocks Cl
Jampa Fl 33637	Jampa, Fr 33437

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.)

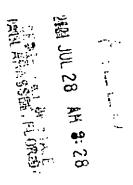
The name and the Florida street address of the registered agent are:

idiosa of the refinered agent are.			
Cassano	Ira LE	E	
Name			
8547 Qu	icen Bro	ooks Ct	
Florida street address (P.O. Box NOT acceptable)			
Tampa	FL	33637	
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's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: June 7, 2021 (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:

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)

\$ 5.00 Certificate of Status (Optional)

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July 23, 2021

To Whom It May Concern

I Cassandra Lee, register Agent of House of Refuge for All People, Inc. would like to inform Tallahassee of Sunbiz I no longer want to convert from Corporation to an LLC. I'm applying for an LLC under the same name as the House of Refuge for All People, Inc.

Please note I would like to apply the funds to the LLC application.

Thank you for your time in processing this change.

Sincerely,

Cassandra Lee

Agent for House of Refuge

For All People, Inc.

8547 Queen Brooks Court

Tampa, FL 33637

813-500-2163

ARNITA MCXINNIE

Notary Public - State of Fiorida

Commission # HH 5725

My Comm. Expires Jun 1, 2024

Bonded through National Notary Assn.