

L2100038537a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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~~07/01/21--01006--019 119.00~~

2021 AUG 30 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

MICHAEL A. PHILLIPS
10373 CYPRESS KREE CIRCLE
ORLANDO, FL 32825 US

SUBJECT: THE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH
INC.

Ref. Number: 727372

We have received your document for THE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH INC. and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return 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.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 221A00017476

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Church of Jesus Christ of the Apostolic Faith, 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:

Michael A. Phillips

Name of Person

Firm/Company

10373 Cypress Knee Circle

Address

Orlando, Florida 32825

City/State and Zip Code

michael.phillips.mp23@gmail.com

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

For further information concerning this matter, please call:

Michael A. Phillips at 407 619-0194

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

August 23, 2021


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution of Entity and Organization of LLC

Please let this letter serve as notification that, at the official dissolution of The Church of Jesus Christ of the Apostolic Faith, Inc., there is no intention, nor will there be a revocation of the dissolution. Authorization is given to the Division of Corporations to release the name for use to another entity.

If you have any questions, please contact me. My number is (407) 619-0194.

Regards,


Michael A. Phillips

Dcc# 727372

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Church of Jesus Christ of the Apostolic Faith, 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:

2525 N.W. 20th Street
Fort Lauderdale, Florida
33311

Mailing Address:

2525 N.W. 20th Street
Fort Lauderdale, Florida
33311

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:

Michael A. Phillips
Name

10373 Cypress Knee Circle
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32825
City State Zip

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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.

Michael A. Phillips
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Michael A. Phillips
10373 Cypress Knee Circle
Orlando, Florida 32825

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TALLAHASSEE FL

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(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:



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.

Michael A. Phillips

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)