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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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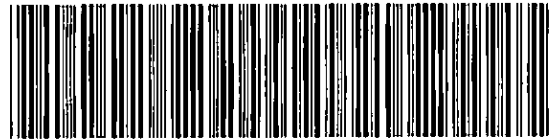
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 30 2021

**COVER LETTER**

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

**SUBJECT: TBDEAS MINISTRIES, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Titus B. Deas, Jr.**  
**TBDEAS MINISTRIES LLC**  
**225 Quail Roost Drive**  
**Quincy, Florida 32351**

For further information concerning this matter, please call:

<b>Titus B. Deas, Jr.</b>	<b>(850)</b>	<b>(850) 875-4127</b>
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 &    **X** **\$160.00** Filing Fee  
Certificate of Status                      Certified Copy                      Certificate of Status &  
(additional copy is enclosed)    (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

### ARTICLE I – Name

The name of the Limited Liability Company is: **TBDEAS MINISTRIES, LLC.**

### ARTICLE II – Address

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

**Principal Office Address:**

225 Quail Roost Drive  
Quincy, FL 32351

**Mailing Address:**

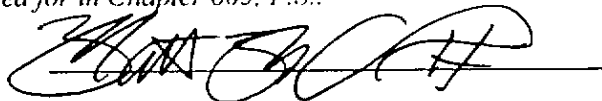
225 Quail Roost Drive  
Quincy, FL 32351

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Matthew M. Carter II, J.D., PH.D.  
Carter and Associates  
1904 Miccosukee Road, Unit 6  
Tallahassee, FL 32308

*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 and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022

#### 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**

Titus B. Deas, Jr.  
225 Quail Roost Drive  
Quincy, FL 32351

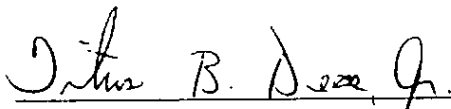
#### ARTICLE V-

Effective Date (Date of Filing)

ARTICLE VI: Other provisions, if any.

**NONE**

#### 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.*

**Titus B. Deas, Jr.**

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)**