

L22000477862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

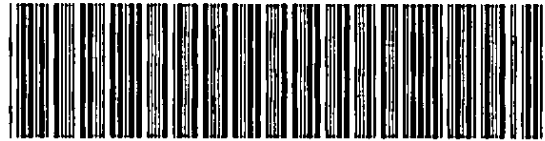
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/03/22--01011--000 \*\*125.00

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2022 NOV -3 PM 6:03

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

D. O'KEEFE  
NOV 09 2022



ACCOUNTING • TAX • CONSULTING • ASSURANCE

October 20, 2022

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: Release of Name "Berean Publications"

To Whom it May Concern:

As owner of Berean Publications, I request the release of the name with Florida Department of State to file a new Florida Limited Liability as "Berean Publications LLC."

Thank you.

A handwritten signature in black ink, appearing to read "Gregory Neal". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Gregory Neal

**COVER LETTER**

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

**SUBJECT:** BEREAN PUBLICATIONS 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:

STAN HUNT  
Name of Person

RIVER CPA  
Firm/Company

1547 PETERS CREEK RD  
Address

GREEN COVE SPRINGS, FL 32043  
City/State and Zip Code

INFO@RIVERCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STAN HUNT      904      626-6347  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

BEREAN PUBLICATIONS 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:

12046 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32221

Mailing Address:

12046 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32221

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:

RIVER CPA

Name

1547 PETERS CREEK DR

Florida street address (P.O. Box **NOT** acceptable)

GREEN COVE SPRING, FL

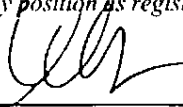
City

State

32043

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)

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JACKSONVILLE  
CLERK OF CIRCUIT COURT

**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

P

GREGORY NEAL  
12046 NORMANDY BLVD  
JACKSONVILLE, FL 32221

MGR

CHRIS FOX  
12046 NORMANDY BLVD  
JACKSONVILLE, FL 32221

AR

WENDY HINSON  
12046 NORMANDY BLVD  
JACKSONVILLE, FL 32221

B

AILSON COLLINGSWORTH  
12046 NORMANDY BLVD  
JACKSONVILLE, FL 32221

(Use attachment if necessary)

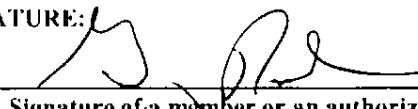
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Gregory Neal

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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2022 NOV -3 PM 6:03  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32304