L230000 65058

(Requestor's Name)
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COVER LETTER

TO:	New Filing Sec Division of Co					
CHID ID		HNISTRY, LLC				
SUBJE	.C1:	Name of Lim	ited Liabil	ity Company		
The enc	closed Articles of	Organization and fee(s) are	submitted	for filing.		
Please r	return all correspo	ondence concerning this ma	tter to the	following:		
	ALMA DIX					
			Name of	Person		
	CHRIST MI	NISTRY, LLC				
			Firm/Co	mpany		
	PO BOX 10	03				
			Addı	ress		
	LAKE CITY	′ FL 32056				
	E3137 + E 3 4 6 17		ty/State ar	d Zip Code		
		23@YAHOO.COM E-mail address: (to be used	for future :			
For furth		oncerning this matter, please			,	
	ALMA DIX	38		288-9742		
	Nam	at (at (_at (ea Code	Daytime Telephon	e Number	
Englose	ed is a check for t	he following amount:				
	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 F Certificate o Certified Co _l (additional cop	f Status & py
	New F Divisio P.O. B	ng Address Filing Section on of Corporations Box 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810	2023 FE6

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ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Author		
"MGR" = Manager	the state of the s	
AMBR	ALMA DIX PO BOX 1003	
	LAKE CITY, FL 32056	
		
(Use attachment if	necessary)	
`		
RTICLE V: Effective date	e, if other than the date of filing: (OPTIONAL)	vs after
f an effective date is listed	t, the date must be specific and cannot be more than five business days prior to or 90 day	,,, 411.
e date of filing.) Tote: If the date inserted in	n this block does not meet the applicable statutory filing requirements, this date will not be	listed as
e document's effective da	ite on the Department of State's records.	
RTICLE VI: Other provis	ions, if any.	
		<u> </u>
- ·-		
REQUIRED SIG	NATURE:	
	. Ama 1) iV	
	Signature of a member or an authorized representative of a member.	
TH	sic document is executed in accordance with section 605,0203 (1) (b), Florida Statutes.	
1.4	an aware that any false information submitted in a document to the Department of State	
CC	onstitutes a third degree felony as provided for in s.817.155, F.S.	
	ALMA DIX	
	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)

COVER LETTER

TO:	New Filing Section Division of Corporations			
	CHRIST MINISTRY, LLC			
SUBJEG	CT:Name of Lim	nited Liabilit	y Company	
The enc	losed Articles of Organization and fee(s) are	submitted t	or filing.	
Please r	eturn all correspondence concerning this ma	ater to the fo	ollowing:	
	ALMA DIX			
		Name of I	Person	
	CHRIST MINISTRY, LLC			
		Firm/Cor	npany	
	PO BOX 1003			
		Addro	288	
	LAKE CITY FL 32056			
		City/State an	d Zip Code	
	DIXALMA123@YAHOO.COM E-mail address: (to be used	d for future 3	enual report notification	
			and report to	
For furth	ner information concerning this matter, pleas	se call:		
	ALMA DIX 3t (86	288-9742	
		Area Code	Daytime Telephone	Number
Enclos	sed is a check for the following amount:			
	25.00 Filing Fee S Certificate of Status	Certif	5.00 Filing Fee & ied Copy ial copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section D The Centre of Tallaha	issee :

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	ALMA DIX
	PO BOX 1003 LAKE CITY, FL 32056
	LARD CITTLE DEVISE
	
	
	
(Use attachment if necessary)	
ument's effective date on the Departr	
REQUIRED SIGNATURE:	- DW
Cianalum at	Q [] IV
Signature of	manhor or an authorized representative of a member.
This document is e	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Folse information submitted in a document to the Department of State
This document is e	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Folse information submitted in a document to the Department of State
This document is e I am aware that any constitutes a third o	a member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
This document is e I am aware that any constitutes a third o	a member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
This document is e I am aware that any constitutes a third o	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Folse information submitted in a document to the Department of State
This document is e I am aware that any constitutes a third c	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. If false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Typed or printed name of signee
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This document is e I am aware that any constitutes a third of ALMA DIX \$125.00 Filing Fee for Articles of	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
This document is e I am aware that any constitutes a third of ALMA DIX	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. If false information submitted in a document to the Department of State legree felony as provided for in s.817.155. F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent (ast)

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