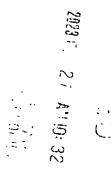
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(Re	questor's Name)	
(Ad	dress)	
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(/ C	u.000)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





900403184969



COVER LETTER

Division of Co	rporations		
SUBJECT: AREAD	A FIRST BORN GO	os PEL CENTER LL nited Liability Company	. <u>C.</u>
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Chiefe	ORD B. LIVIA	165701)	
		Name of Person	
ARCAD	IA FIRST BORN	GOSPEL CENTER	LLC
		Firm/Company	
10/6	- 25th ST.	EAST	
		Address	
Palme	HU F1. 3.	ty/State and Zip Code G mol / Com for future annual report notificat	
17	Ci	ty/State and Zip Code	
Kings of	Kings proples @	for future entired report notificat	
			iou)
•	ncerning this matter, please		
CLIFFURD	LIVINGSTON at (9	94/ <u>7/3-476</u> ea Code Daytime Telephon	<u></u>
Nam	e of Person Ar	ca Code Daytime Telephon	e Number
Enclosed is a check for the	he following amount:		
□\$125.00 Filing Fee	図\$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)
<u>Mailin</u>	g Address	Street Address	

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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TET 27 AMID: 37

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Pastun MGR	Aufees Peoples JR 2087 SE Wichigan ST. Apt H ARCADIA, FI. 34266
AMBR	BRADENTEN, FI 34208
AMBR	Hoy JACKSON 1023-14th ST. E Falmetto, Fl. 34221
AMBR	MARY HELEN JOHNSON 219 - N. HILLSBOROUGH AVE ARCADIA, FI. 34266
(Use attachment if necessary)	
ate of filing.)	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list

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)

ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABELITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Princi	pal Office Address:		Mailing Address:
ARCADIA FIR 230 CITRU ARCADIA I F	5T BONN GOSPER (ent 5 AVENUE 1. 34266	<u>tr</u>	230 CITRUS AVENUE ARCADIA, FI. 34266
	ent, Registered Office, &		
•	y cannot serve as na own K active Florida registration.		ent. You must designate an individual o
		,	•
and the Florida street	address of the registered a	•	·
and the Florida street	,	gent are:	570 N
and the Florida street	address of the registered a	gent are:	570 A
and the Florida street	LANNENCE C.	gent are: L, v, NC. Name	
and the Florida stree	LOWNENCE C 1016-25 H S Florida street address (gent are: . L, U; NG Name P.O. Box NG	II acceptable)
e and the Florida street	LANNENCE C.	gent are: . L, U; NG Name P.O. Box NG	II acceptable)

(CONTINUED)

2023 FEB 27 AM-10: 32