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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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**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 &     **\$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:**

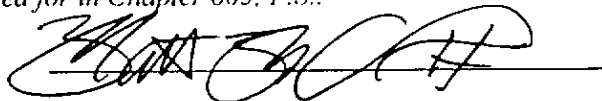
225 Quail Roost Drive  
Quincy, FL 32351

**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 a 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

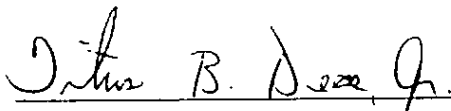
**ARTICLE V-**

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)**