

L15000055770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

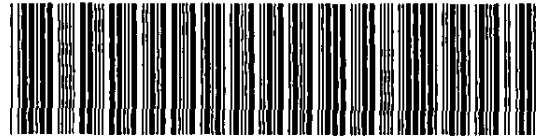
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269829233

03/31/15--01004--012 **125.00

EFFECTIVE DATE

3/30/15

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 30 PM 4:47
FOR FILING
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVAL
AND
FILED
15 MAR 30 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1825 South Adams St. 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:

Frank Rong

Name of Person

Frank Rong CPA LLC

Firm/Company

3116 Capital Circle Ste 3

Address

Tallahassee FL 32308

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Rong

Name of Person

at (

904)

Area Code

668-4925

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

3/30/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1825 Ruth Adams St. LLC.

(Must end with 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:

2895 Royal Oaks Dr
Tallahassee FL 32309

Mailing Address:

Same

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:

Frank Bong

Name

3116 Capitol Circle Ne Ste 3

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

Tallahassee

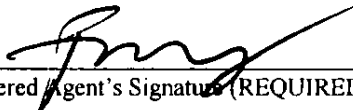
City

FL

Zip

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 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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AND
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

mGR

mGR

Name and Address:

Alice Tien Chu Shaw
2895 Royal Oaks Dr.

Tallahassee FL 32309

Allen Mens Fwu Shaw
2895 Royal Oaks Dr.

Tallahassee FL 32309

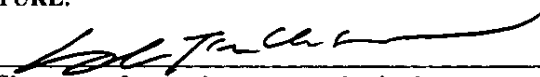
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/30/15 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Alice Tien Chu Shaw

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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TALLAHASSEE, FLORIDA

15 MAR 30 PM 4:56

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AND
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