

LO4000012270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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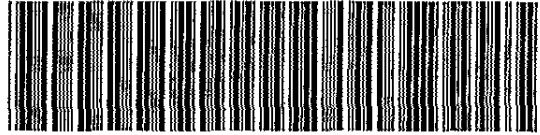
(Business Entity Name)

(Document Number)

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SECTION OF STATE
TALLAHASSEE, FLORIDA

LO4-12270
AL



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 21, 2004

RALPH STEPHENS JR.
10135 GATE PARKWAY N. #1814
JACKSONVILLE, FL 32246

SUBJECT: A D S & ASSOCIATES, LLC
Ref. Number: W04000002565

We have received your document for A D S & ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00003609

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporation

SUBJECT: A D S & ASSOCIATES, 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:

RALPH H STEPHENS JR.
(Name of Person)

A D S & ASSOCIATES, LLC
(Firm/Company)

10135 GATE PARKWAY N. #1814
(Address)

JACKSONVILLE, FL 32246
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Haddaway at (904) 908-0820
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

A D S & ASSOCIATES, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**6001-21 ARGYLE FOREST BLVD.
SUITE 303**

JACKSONVILLE, FL 32244

Mailing Address:

**6001-21 ARGYLE FOREST BLVD.
SUITE 303**

JACKSONVILLE, FL 32244

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent is:

RALPH H STEPHENS JR

6001-21 ARGYLE FOREST BLVD. SUITE 303

JACKSONVILLE, FL 32244

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 608, Florida Statutes..


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

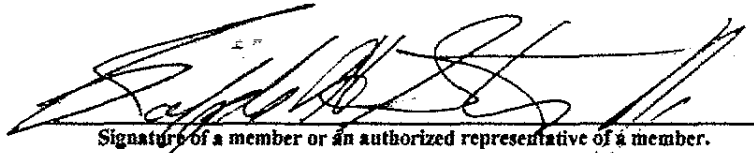
MGRM

RALPH H STEPHENS JR

6001-21 ARGYLE FOREST BLVD. SUITE 303

JACKSONVILLE, FL 32244

REGISTERED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RALPH H STEPHENS JR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificates of Status (Optional)