

LD4000016488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

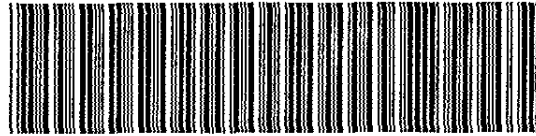
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TALLAHASSEE, FLORIDA

LD4-16488  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: James J. Adkins Construction 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:

James J. Adkins

(Name of Person)

James J. Adkins Construction LLC

(Firm/Company)

631-A Palm Avenue

(Address)

Fort Pierce, FL 34982

(City/State and Zip Code)

For further information concerning this matter, please call:

James J. Adkins

(Name of Person)

at ( 772 ) 461-4992

(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:

James J Adkins Construction LLC

## ARTICLE II - Address:

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

### Principal Office Address:

631A Palm Avenue  
Fort Pierce, FL  
34982

### Mailing Address:

631-A Palm Avenue  
Fort Pierce, FL  
34982

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

James J. Adkins  
Name  
631-A Palm Avenue  
Florida street address (P.O. Box NOT acceptable)  
Fort Pierce FL 34982  
City, State, and Zip

*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, F.S.*

James J. Adkins  
Registered Agent's Signature

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JAN 24 2010  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

**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

James J. Adkins  
631-A Palm Avenue  
Fort Pierce, FL 34982

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

James J. Adkins  
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.)

James J. Adkins

Typed or printed name of signee

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 Certificate of Status (Optional)