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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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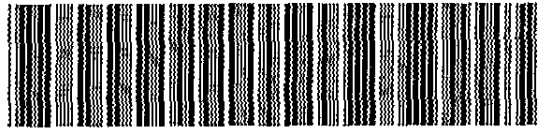
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



300029620973

EFFECTIVE DATE
3/1/04

03/04/04--01066--011 **125.00

04 MAR -4 AM 10:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lenny Adams, 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:

Lenyear Adams
(Name of Person)

Lenny Adams, LLC
(Firm/Company)

4405 Olga Street
(Address)

Hastings, FL 32145
(City/State and Zip Code)

For further information concerning this matter, please call:

Lenyear Adams at 904 501-7730
(Name of Person) (Area Code & Daytime Telephone Number)
386 325-8194

EFFECTIVE DATE
3/1/04

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DIVISION OF CORPORATIONS
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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

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

EFFECTIVE DATE
3/1/04

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lenny Adams, LLC

ARTICLE II - Address:

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

Principal Office Address:

4405 Olga Street
Hastings, FL 32145

Mailing Address:

4405 Olga Street
Hastings, FL 32145

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

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

Lenyear Adams
Name

4405 Olga Street
Florida street address (P.O. Box NOT acceptable)

Hastings FLORIDA 32145
City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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:

MGR

Lenyear Adams
4408 Olga Street
Hastings, FL 32145

(Use attachment if necessary)

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

REQUIRED 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.)

Lenyear Adams
Typed or printed name of signee

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)

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ARTICLE V- EFFECTIVE DATE

THIS LLC, LENNY ADAMS, LLC HAVE THE EFFECTIVE DATE OF THIS
BUSINESS TO BEGIN MARCH 1, 2004.

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