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(Address)

(City/State/Zip/Phone #)

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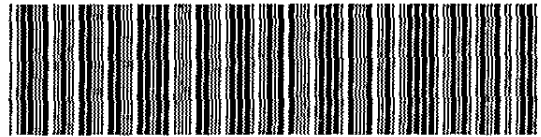
(Business Entity Name)

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EFFECTIVE DATE
04/01/04

46

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERRELL ADAMS MANAGEMENT CONSULTANT, 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:

TERRELL H. ADAMS
(Name of Person)

TERRELL ADAMS MANAGEMENT CONSULTANT, LLC
(Firm/Company)

PO BOX 733
(Address)

PORT ST. JOE, FLORIDA 32457
(City/State and Zip Code)

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For further information concerning this matter, please call:

CONNIE THARPE at (850) 785-4412
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TERRELL ADAMS MANAGEMENT CONSULTANT, LLC

ARTICLE II - Address:

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

Principal Office Address:

120 MAIN SAIL LANE

PORT ST. JOE, FLORIDA 32456

Mailing Address:

PO BOX 733

PORT ST. JOE, FLORIDA 32457

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

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

TERRELL H. ADAMS

Name

120 MAIN SAIL LANE

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

PORT ST. JOE, FLORIDA 32456

City, State, and Zip

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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

EFFECTIVE DATE
04/01/08

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

TERREL H. ADAMS

PO BOX 733

PORT ST. JOE, FLORIDA 32457

(Use attachment if necessary)

ADD ARTICLE - ARTICLE V - EFFECTIVE DATE OF COMPANY

The effective date of this company shall be April 1, 2004.

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.)

TERRELL H. ADAMS

Typed or printed name of signee

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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)