

W5000008631

(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:

1/18 FL LC

Office Use Only



000044091810

01/18/05--01048--014 \*\*125.00

MJH

FILED

05 JAN 18 PM 5:08

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R. Adams, L.L.C.  
(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:

Rebecca Silva Adams  
(Name of Person)

above  
(Firm/Company)

1855 SW Ranch Trail  
(Address)

 Palm City, Florida 34990  
(City/State and Zip Code)  
Stuart, FL 34997

For further information concerning this matter, please call:

Rick Weaver at ( 772 ) 229-8000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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:

R. Adams, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

1855 SW Ranch Trail

Palm City, Florida 34990

(P)

Stuart, FL 34997

#### Mailing Address:

1855 SW Ranch Trail

Palm City, Florida 34990

(P)

Stuart, FL 34997

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

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

Rebecca Silva Adams

Name

1855 SW Ranch Trail

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

(P)

Palm City,

FL

34990

City, State, and Zip

Stuart, FL 34997

*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..*

Rebecca L Adams

Registered Agent's Signature

(CONTINUED)

FILED  
05 JAN 18 PM 5:08  
TALLAHASSEE, FLORIDA

**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

Rebecca Silva Adams

1855 SW Ranch Trail

Rain City, Florida 34990

Stuart, FL 34997

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Rebecca S. Adams

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.)

Rebecca Silva Adams

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)**