

L05000067004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

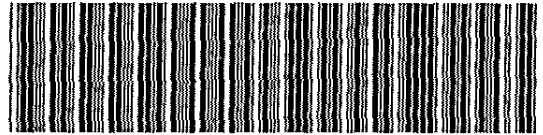
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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06/30/05--01034--001 \*\*130.00

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05 JUN 30 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/20/07/05

yp

**DAVID M. ANDREWS**

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

ST. AUGUSTINE, FL 32084

TELEPHONE (904) 826-1987

EMAIL [andrews@david-m-andrews.com](mailto:andrews@david-m-andrews.com)

FAX (904) 826-4236

June 28, 2005

Registration Section  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ADOKA, LLC

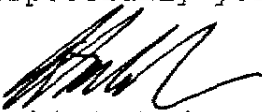
Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute return to my office.

Respectfully yours,

  
David M. Andrews

DMA:dds  
Enclosure

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADOKA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

**DONNA KELLEY**

**DONNA KELLEY**

**116 GRAND OAKS DRIVE**

**116 GRAND OAKS DRIVE**

**ST. AUGUSTINE, FL 32080**

**ST. AUGUSTINE, FL 32080**

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

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

DONNA KELLEY

Name

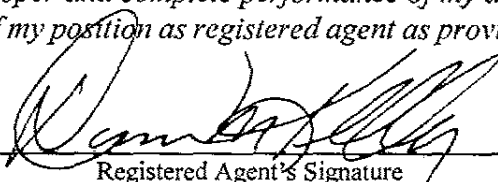
116 GRAND OAKS DRIVE

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

ST. AUGUSTINE, FL 32080

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..*

  
Registered Agent's Signature

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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:**

MGRM


DONNA KELLEY  
116 GRAND OAKS DRIVE  
ST. AUGUSTINE, FL 32080

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

DONNA KELLEY  
\_\_\_\_\_  
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)

**FILED**  
05 JUN 30 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA