

LO6000051004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

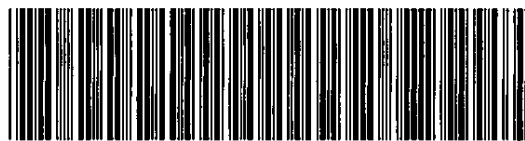
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WD00-112183

Office Use Only



300068822913

04/04/06--01003--009 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

DB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2006

YEM ADEKUNLE
1035-5 DUNN AVE, PMB 47
JACKSONVILLE, FL 32218

SUBJECT: DOUBLE A ENTERPRISES, LLC
Ref. Number: W06000016483

We have received your document for DOUBLE A ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 606A00023449

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Double A Enterprises, 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:

Yemi Adekunle

(Name of Person)

Double A Enterprises, LLC

(Firm/Company)

1038-5 Dunn Avenue, PMB 47

(Address)

Jacksonville, Florida 32218

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

For further information concerning this matter, please call:

Yemi Adekunle

(Name of Person)

at (443) 794-5803/904-765-7413

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee, ☐ \$130.00 Filing Fee & Certificate of Status, ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed), ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Double A Enterprises, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

9381 Thorn Glen Road
Jacksonville, FL 32208

Mailing Address:

1038-5 Dunn Avenue, PMB 47
Jacksonville, FL 32218

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

OLUKEMI ADEKUNLE

Name

9381 THORN GLEN ROAD

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

Jacksonville

FL 32208

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

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

Yemi Adekunle

MGRM

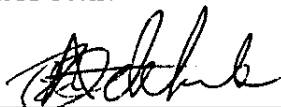
Olukemi Adekunle

(Use attachment if necessary)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

YEMI ADEKUNLE

Typed or printed name of signer

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)