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COVER LETTER

TO:	Registration Section Division of Corporations	
SHRD	ECT: Adkins & Downey LLC	
,	(Name of Limited Liability	Company)
The en	nclosed Articles of Organization and fee(s) are submitted for	or filing.
Please	return all correspondence concerning this matter to the following	llowing:
•	Annie J. Adkins & Margherita Down	ney
	(Name of Pe	rson)
	Adkins & Downey LLC	
	(Firm/Comp	pany)
	100 East Linton Blvd. Suite 502 B	7AS
	(Address	
	Delray Beach, Florida 33483	AREINI AHAS
	(City/State and 2	Lie Li
For fu	rther information concerning this matter, please call:	F STATE
Anni	ie J. Adkins & Margherita Downey at (56	1 ,543.0316
	(Name of Person) . (A	rea Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:	•
\$125	Certificate of Status Certif	00 Filing Fee & S160.00 Filing Fee, Gied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Section R Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adkins & Downey LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:						
The mailing address and street address of	of the principal office of the Limited Liability Comp	any is				
Principal Office Address:	Mailing Address:					
100 East Linton Blvd. Suite 502 B 100 East Linton Blvd. Suite 502 B						
Delray Beach, Florida 33483	Delray Beach, Florida 33483					
	AR S					

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..

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

Registered Agent's Signature (REQUIRED)

100 East Linton Blvd. Suite 502 B

City, State, and Zip

Delray Beach, Florida 23483

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM Annie J. Adkins			_
100 East Linton Blvd. Suite 502 B			_
Delray Beach, Florida 33483			_
MGR Margherita Downey			
100 East Linton Blvd. Suite 502 B			_
Delray Beach, Florida 33483			_
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(Use attachment if necessary)	ATE	09	

ARTICLE V: Effective date, if other than the date of filing: August 29, 2007 (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.)

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)