## L10000030550

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
L. SELLERS
MAR <b>1 9</b> 2010
EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration S Division of Co			
	-		
SUBJECT: Adam	Oklesh Architects LLO	ed Liability Company	<u> </u>
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Adam Okles	sh		
		Name of Person	
Adam Okles	sh Architects LLC		
		Firm/Company	
1822 Upper	Cove Terrace		
		Address	
Sarasota, Fl	orida 34231		
	Cit	y/State and Zip Code	
aoklesh@ma			
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Adam Oklesh		at ( 941 ) 921-6307	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
	_	<b>D</b> 0155 00 E32 E 9	\$1.60.00 Eiling E.g.
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy	\$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Ci	role
	1 ananassee, 1 to 32514	Tallahassee, FL 32301	1010

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::		
Adam Oklesh Architects LLC			
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1822 Upper Cove Terrace	1822 Upper Cove Terrace		
Sarasota Florida 34231	Sarasota Florida 34231		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an individual or another		
Adam Oklesh			
Name	•		
1822 Upper Cove Terrace			
	dress (P.O. Box <u>NOT</u> acceptable)		
Sarasota, FL 34231	FL		
City, S	tate, and Zip		
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as		

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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SECRETARY OF STATE

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

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

Title:		Name and Address:	
"MGR" = Man			
"MGRM" = M	anaging Member		
MGR		Adam Oktesh	
111011	<del></del>	1822 Upper Cove Terrace	<del>*************************************</del>
		Sarasota Florida 34231	
	<del></del>	-	
			<del></del>
		<del></del>	
		-	
(Use attachmer	nt if necessary)		
•	-,		
ICLE V: Effectiv	e date, if other than the o	date of filing: <u>3/15/2010</u> . (0	
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ICLE V: Effective date is less of the second	e date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member	specific and cannot be more than five but  My Oklow  or an authorized representative of a member.	
ICLE V: Effective date is less of the second	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with sect	or an authorized representative of a member.	
ICLE V: Effective date is less of the second	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with sect	or an authorized representative of a member.	
ICLE V: Effective offective date is less than the second s	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with sect of this document constit	or an authorized representative of a member.	

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)

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