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(Re	questor's Name)	•
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECRE IAND PORNITION OF CORPORATION

COVER LETTER

<i>21</i>	•	COVI	EK LETTEK
ť	TO: Registra	, ition Section of Corporations	
	,	,	
	SUBJECT: W	.H. Adams & Assoc	iates, LLC
		Name of Lim	ited Liability Company
	The enclosed Arti	cles of Organization and fee(s) are	e submitted for filing.
	Please return all c	orrespondence concerning this ma	tter to the following:
	\$ 6 (210)	11 4 1 114	
	Willia	m H. Adams, III	
			Name of Person
	W.H.	Adams & Associate	s, LLC
			Firm/Company
	204.0	ייי איי איי	00
	821 6	Sulf Pavilion Drive #2	
			Address
	Nanles	, Florida 34108	
	Hapics	 	ity/State and Zip Code
	doca13	36@gmail.com	. ,
	docaro		for future annual report notification)
		·	,
	For further inform	nation concerning this matter, plea	se call:
	Stacey E. A	dams	a. (239 \ 596-0313
		Name of Person	at (209) 390-0313 Area Code & Daytime Telephone Number
		rano or regon	Area code de Dayante Pelephone Pantoer
	Enclosed is a ch	eck for the following amount:	
			This of Pilling Page 1 This of Pilling Page 1
	125.00 Filing Fe	se\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\sqrt{\$160.00}\$ Filing Fee, Certified Copy Certificate of Status &
		Communic or outus	(additional copy is enclosed) Certified Copy
			(additional copy is enclosed)
		Mailing Address	Street/Courier Address
		Registration Section Division of Corporations	Registration Section Division of Corporations
		P.O. Box 6327	Clifton Building
		Tallahassee, FL 32314	2661 Executive Center Circle
			Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

W.H. Adams & Associates (Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
the maning address and street address o	i the principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
21 Gulf Pavilion Drive, #203	821 Gulf Pavilion Drive, #203
laples, Florida 34108	Naples, Florida 34108

821 Gulf Pavilion Drive, #203

William H. Adams, Ili

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

Naples

_{FL} 34108

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.

(CONTINUED)

Page 1 of 2

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

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

MGR	William H. Adams, III 821 Gulf Pavilion Drive, #203
MGRM	Naples, Florida 34108 Stacey E. Adams
**************************************	821 Gulf Pavilion Drive, #203
	Naples, Florida 34108
(Use attachment if necessary)
LE V: Effective date, if other	than the date of filing: January 1, 2011 . (OPTIONAL e must be specific and cannot be more than five business days

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stacey E. 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)

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