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(Requesto	or's Name)	
(Address)		
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(City/State	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
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K. BALY EXAMINER JAN 4 2011

COVER LETTER

	legistration Section Division of Corporations
SUBJECT	r: BADAMS + ASSOCIATES LLC Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Betty Adams Name of Person
	BADAMS + ASSOCIATES LLC Firm/Company
***************************************	3120 SAINT CHARLES STREET
	FORT MYERS, FLORIda 33916 City/State and Zip Code
<u>_k</u>	etty-adams @ comcast. net E-mail address: (to be used for future annual report notification)
	information concerning this matter, please call:
Be	Hy Adams at (813) 758-9757 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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:



3 ADAMS + ASSOCIATES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
3120 Saint Charles Street	3120 Saint Charles Street
Fort Myers, FL 33916	Fort Hyers, FL 33916

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:

B all A A a sa		<u> </u>	
Betty Hdams	>−		
Name	مراع الماري	مستحد ا	<u> </u>
3120 Saint Charles Street		ယ	r n
Florida street address (P.O. Box NOT acceptable)	四条	AMI	
Fort Myers FL 33916	黎之	<u></u>	
City, State, and Zip	₩ (ii)		

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

MGR Betty Adams 3120 Stant Charles Street Fort Myers, FL 33916 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: January 1, 2011. (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days price of the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than the date of filing: <u>January 1, 2011</u> . (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days price days after the date of filing.)	MGR	3120 Saint Charles Street
CLE V: Effective date, if other than the date of filing: <u>January 1, 2011</u> . (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days price days after the date of filing.)		
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REQUIRED SIGNATURE:	ective date is listed, the date must b	e date of filing: <u>January 1, 2011</u> . (OPTIONAL) be specific and cannot be more than five business days prio
	REQUIRED SIGNATURE:	
		er or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Hdams
Typed or printed name of signee