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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN - 8 AM 10:24

FILED

C. LEWIS
Jun. 9, 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADONAY CONSTRUCTION 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:

LAURA MARTINEZ

Name of Person

ADONAY CONSTRUCTION LLC.

Firm/Company

1919 VAN BUREN ST # 809

Address

HOLLYWOOD

FLORIDA

33020

City/State and Zip Code

laurabrenda21_8@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA MARTINEZ

Name of Person

at (754) 366-5932

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2011

LAURA MARTINEZ / ADONAY CONSTRUCTION LLC.
1919 VAN BUREN ST #809
HOLLYWOOD, FL 33020

SUBJECT: ADONAY CONSTRUCTION LLC.
Ref. Number: W11000029439

We have received your document for ADONAY CONSTRUCTION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00013169

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADONAY G.C. 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:

LAURA MARTINEZ

Name of Person

ADONAY G.C. LLC.

Firm/Company

1919 VAN BUREN ST #809

Address

HOOLYWOOD FLORIDA 33020

City/State and Zip Code

Laura.brenda21-80 HotMail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA MARTINEZ

Name of Person

at: 754 3665932

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:

ADONAY G.C. 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:

1919 VAN BUREN ST #809
HOLLYWOOD FL. 33020

Mailing Address:

1919 VAN BUREN ST #809
HOLLYWOOD FL. 33020

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:

LOURS MARTINEZ

Name

1919 VAN BUREN ST #809

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

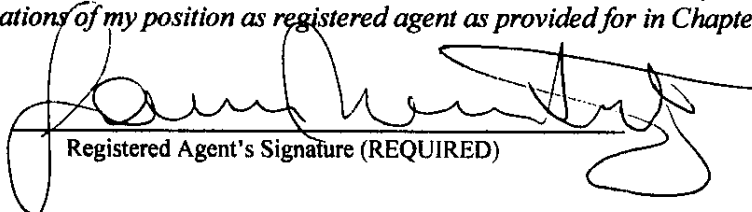
HOLLYWOOD FL 33020

City, State, and Zip

2011 JUN - 8 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

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:

2011 JUN -8 AM 10:20

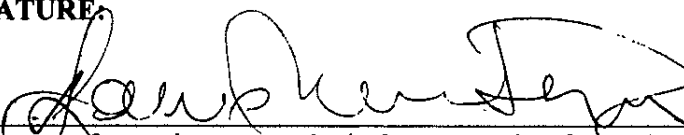
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Laura Martinez
1919 VAN BUREN ST #809
Hollywood FL 33020

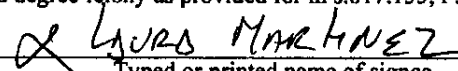
(Use attachment if necessary)

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. 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.)


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)