

L110000107939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11000047672

Office Use Only



800211563538

09/14/11--01019--002 **160.00

FILED
11 SEP 20 AM 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 21 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2011

GAIL N. STEVENS
933 SE 12TH PL.
OCALA, FL 34471

SUBJECT: ADELE, LLC
Ref. Number: W11000047672

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11 SEP 20 AM 11:16
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TALLAHASSEE, FLORIDA

We have received your document for ADELE, LLC and your check(s) totaling \$160.00. 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is S65315.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 611A00021367

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adele, 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:

Gail N. Stevens

Name of Person

Firm/Company

933 SE 12th Pl.

Address

Ocala, Fl. 34471

City/State and Zip Code

rscott8975@att.net

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

+ shibuistudios@netscape.net

For further information concerning this matter, please call:

Robert Scott

at (203)

445-8975

Name of Person

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jane Adele 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:

Jane Adele, LLC c/o Gail Stevens
933 SE 12th Pl.
Ocala, Fl. 34471

Mailing Address:

Jane Adele, LLC c/o Gail Stevens
933 SE 12th Pl.
Ocala, Fl. 34471

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:

Jerry L. Stevens

Name

933 SE 12th Pl.

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

Ocala

FL 34471

City, State, and Zip

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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.

Jerry L. Stevens

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:

mgrm

Sandra Scott
1 Kensington Rd.
Monroe, Ct.

mgrm

John F. Norman
7807 Senrab Dr.
Bradenton, Fl. 34209

mgrm

Gail N. Stevens
933 SE 12th Pl.
Ocala, Fl. 34471

mgrm

Jerry L. Stevens
933 SE 12th Pl.
Ocala, Fl. 34471

(Use attachment if necessary)

** see attachment*

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:

Gail N. Stevens

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.)

Gail N. Stevens

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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TALLAHASSEE, FLORIDA

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

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

mgrm

**Robert Scott
1 Kensington Rd.
Monroe, Ct. 06468**

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TALLAHASSEE, FLORIDA