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TALLAHASSEE, FLORIDA

N. Culligan FEB 29 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALADOM GENIE, 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:

James R. Kenley

Name of Person

Firm/Company

7319 Captain Kidd Avenue

Address

Sarasota, Florida 34231

City/State and Zip Code

guillaume.thomas@aladom.fr

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

For further information concerning this matter, please call:

James R. Kenley

Name of Person

at ( 941 ) 927-7353

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:

**ALADOM GENIE, 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:

1819 Main Street, Suite 200A  
Sarasota, Florida 34236

### Mailing Address:

7319 Captain Kidd Avenue  
Sarasota, Florida 34231

## 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:

James Robert Kenley

Name

7319 Captain Kidd Avenue

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

Sarasota

FL 34231

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

