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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: ·'		on Section Corporations			
SUBJI	ЕСТ: <u> </u>	AFFORDABLE Name of Limited	DELIVERY AND Liability Company	DESIGN	<u>ل. ل. ا</u>
The en	closed Article	es of Organization and fee(s) are su	ibmitted for filing.	•	
Please	return all corr	respondence concerning this matter	r to the following:		
	<del></del>	RONALD	SCHUIT Name of Person	A STATE OF THE STA	
	AFFC	PRDABLE DELIV	YERY AND DE Firm/Company	SIGN LLC	
	75	9 SAWGRASS	BRIDGE RD. Address	•	
	1	ENICE, FL.	34-292 State and Zip Code		
	COR	D 759 WER	ZON • NET r future annual report notification)		-
For fur	ther informati	ion concerning this matter, please	call:	Ž.,	
R	ONALI Na	SCHUIT me of Person	at ( 941 ) 387. Area Code & Daytime Tele	= 5592 F	
Enclos	sed is a checi	k for the following amount:		# P = 1	(J)
<b>]\$125</b> .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 A  Certified Copy (additional copy is enclosed)	O
		Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLE I - Name: The name of the Limited Liability Company is: AFFORDABLE DELIVERY AND DESIGN L.L.C. (Must end with the words "Limited Liability Company, "LL.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: 759 SAWGRASS BRIDGE RD. VENICE, FL 34292 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: RONALD SCHUIT Name 759 SAWGRASS BRIDGE RD. Florida street address (P.O. Box NOT acceptable)

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.

VENICE, FL 34292
City, State, and Zip

Registered Agent's Signature (REOUIRED)

(CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MGR (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.) **REOUIRED 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.) RONALD <u>Schui</u> 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)

The name and address of each Manager or Managing Member is as 10110ws.

\$ 5.00 Certificate of Status (Optional)