# 4/2000/15726

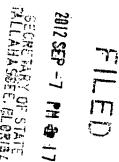
| (Requestor's Name)                      |
|---|
| ·                                       |
| (Address)                               |
|   |
| (Address)                               |
| •                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT<br>SEP 10 2012                  |
| EXAMINED                                |

Office Use Only



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# **COVER LETTER**

| Division of Corporations   |   |             |
|--|---|-------------|
| SUBJECT: Admen Plus, LLC   |   |             |
|  | Limited Liability Company                   | <del></del> |
| The enclosed Articles of Organization and fee(s  | s) are submitted for filing.                |             |
| Please return all correspondence concerning this   | is matter to the following:                 |             |
| David Christopher  |   |             |
|  | Name of Person                              |             |
| Admen Plus, LLC  |   |             |
|  | Firm/Company                                |             |
| 3775 Quail Forest Dr.  |   | 2812        |
|  | Address $\triangleright \pi$                | a Ti        |
| Tarpon Springs, FL 3468  |   | 7           |
|  | City/State and Zip Code                     | 35 III      |
| tlc4bucs1@yahoo.com  | ř.  |             |
| ,  | used for future annual report notification) | 17          |
| For further information concerning this matter,  | please call:                                |             |
| David Christopher  | at (813 ) 267-4856                          |             |
| Name of Person   | Area Code & Daytime Telephone Number        |             |
| Enclosed is a check for the following amou   | unt:  |             |
| \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State                                 |   | tatus &     |
| Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231 | Clifton Building                            |             |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |   |                |
|---|---|----------------|
| The name of the Limited Liability Comp                          | any is:   |                |
| Admen Plus, LLC   |   |                |
| (Must end with the words "Limit                                 | ted Liability Company, "L.L.C.," or "LLC.")   |                |
| ARTICLE II - Address: The mailing address and street address or | f the principal office of the Limited Liabilit  | ty Company is: |
| Principal Office Address:                                       | Mailing Address:  |                |
| 3775 Quail FOest Dr.  | P. O. Box 261244  | 20             |
| Tarpon Springs, FL  | Tampa, FL   | (C) (C)        |
| 34688   | 33685-1244  |                |
|   | istered Office, & Registered Agent's Signare an individual of the registered agent are: | another (      |
| David Christophe  | er  |                |
| <del>-</del>  | Name  |                |
| 3775 Quail Fo   | orest Dr.   |                |
| Florida s   | treet address (P.O. Box NOT acceptable)   |                |
| Tarpon Springs  | <sub>EI</sub> 34688   |                |

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:   |        |
|--|---|--------|
| MGR  | David Christopher 3775 Quail Forest Dr. Tarpon Springs, FL 34688  |        |
|  |   | 2012   |
|  | A Participation of the second |        |
|  | 74 34<br>29 F.  |        |
| (Use attachment if necessary)                          |   |        |
| LE V: Effective date, if other than the                | date of filing: September 5, 2012 (OPT)   | IONAL) |

ARTICLE V: Effective date, if other than the date of filing: September 5, 2012 (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.)

### David Christopher

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)