

L13000071161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

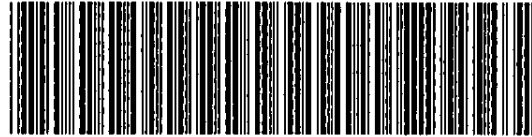
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/13--01026--019 **130.00

FILED
13 APR 25 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
May 15, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2013

ALPHONSO HEMMEAIN
2939 LEONID RD.
JACKSONVILLE, FL 32218

SUBJECT: ADH MANAGEMENT LLC.
Ref. Number: W13000024612

We have received your document for ADH MANAGEMENT LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00010133

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ADH MANAGEMENT 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:

ALPHONSO HEMMEAIN

Name of Person

Firm/Company

2939 LEONID RD.

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

littlefonz2001@yahoo.com

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

For further information concerning this matter, please call:

ALPHONSO HEMMEAIN at **314** **609-2909**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

ADH MANAGEMENT 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:

2939 LEONID

JACKSONVILLE, FL 32218

Mailing Address:

2939 LEONID

JACKSONVILLE, FL 32218

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:

ALPHONSO HEMMEAIN

Name

2939 LEONID RD

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

JACKSONVILLE, FL 32218

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

MGR

ALPHONSO HEMMEAIN
2939 LEONID RD
JACKSONVILLE, FL 32218

MGRM

CHERRAE A LAWS
2939 LEONID
JACKSONVILLE, FL 32218

MGRM

ASHLEY D HEMMEAIN
2939 LEONID
JACKSONVILLE, FL 32218

MGRM

ANGELA D HEMMEAIN
2939 LEONID
JACKSONVILLE, FL 32218

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 20 APRIL 2013 (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.)

ALPHONSO HEMMEAIN

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)

FILED
13 APR 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA