LH000019943

(Re	questor's Name)	
(Ad	dress)	
(,,,,		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	· - · - · - · · - · · - · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

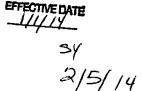
Office Use Only



000254900120

01/03/14--01013--008 **125.00

W14-4068



COVER LETTER

TO:

Registration Section Division of Corporations

ATDA 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:

Mark Hughes	
Name of Person	
ATDA LLC	
Firm/Company	
c/o Mark Hughes, 5018 Main Street	
Address	
Manchester Center, Vermont 05255	
City/State and Zip Code	
justsomeguy@me.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Mark Hughes

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 Corporations P.O. Box 6387 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 22, 2014

MARK HUGHES 5018 MAIN STREET MANCHESTER CENTER, VT 05255

SUBJECT: ATDA LLC

Ref. Number: W14000004068

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We have received your document for ATDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Shelia H Young Regulatory Specialist II

> 14 FEB -5 77 SEGRETAN AND SEGRETARILANDS SEGRETARIL

Letter Number: 514A00001396

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATDA LLC	
(Must end with the words "Lin	nited 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:	Mailing Address:
c/o Mark Hughes	c/o Mark Hughs
250 NE 25 Street, Apt. 305	5018 Main Street
Miami, FL 33137	Manchester Center, VT 05255
<u> </u>	ak J. Hughes
	Name
c/o Mark Hughes, 250 N	IE 25 Straet, Apt 305
******	IE 25 Street, Apr. 305 street address (P.O. Box <u>NOT</u> acceptable) FL
Florida	IE 25 Straet, Apt 305

(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:

"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Mark Hughes	
	5018 Main Street	
	Manchester-Center, VT 08255	
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing: 1/1/2014	(OPTIONAL)
CLE V: Effective date, if other than	the date of filing: 1/1/2014 ust be specific and cannot be more than	(OPTIONAL) in five business day
CLE V: Effective date, if other than effective date is listed, the date in to or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than	n five business dag
CLE V: Effective date, if other than effective date is listed, the date in to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a med	ust be specific and cannot be more than	n five business dag
CLE V: Effective date, if other than effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mer (in accordance with section constitutes an affirmation or I am aware that any false in	ust be specific and cannot be more than	n five business day ber.
CLE V: Effective date, if other than effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mer (in accordance with section constitutes an affirmation or I am aware that any false in	nber or an authorized representative of a memi- 608.408(3), Florida Statutes, the execution of this der the penalties of peging that the facts stated he formation submitted in a document to the Departm long as provided for in s.817.155, P.S.)	n five business day ber.
CLE V: Effective date, if other than effective date is listed, the date of filing to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mer (in accordance with section constitutes an affirmation ur I am aware that any false ind constitutes a third degree fe	nber or an authorized representative of a memion of the penalties of penitry that the facts stated he formation submitted in a document to the Department	ber. document erein are true, sent of State
CLE V: Effective date, if other than effective date is listed, the date of filing to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mer (in accordance with section constitutes an affirmation ur I am aware that any false ind constitutes a third degree fe	nber or an authorized representative of a memi- 608.408(3), Florida Statutes, the execution of this der the penalties of peging that the facts stated he formation submitted in a document to the Departm long as provided for in s.817.155, P.S.)	ber. document erein are true, sent of State
CLE V: Effective date, if other than effective date is listed, the date of filing to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation url am aware that any false in constitutes a third degree fellows.)	nber or an authorized representative of a memi- 608.408(3), Plonida Statutes, the execution of this addr the penalties of perjury that the facts stated he formation submitted in a document to the Departm lony as provided for in s.817.155, P.S.) Typed or printed name of signee	ber. document erein are true, sent of State

Page 2 of 2