

L14006137901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

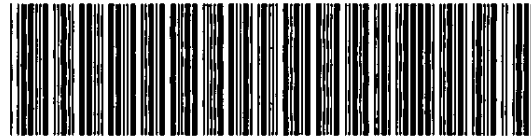
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263684622

08/27/14--01007--020 **160.00

14 AUG 27 AM 7:43
ST. LOUIS, MO
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A-4DABLE HOME INVESTORS, 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:

ALVIN DELANEY

Name of Person

A-4DABLE HOME INVESTORS, LLC.

Firm/Company

P.O. BOX 1117

Address

ENGLEWOOD, FL 34295

City/State and Zip Code

bocadel@bellsouth.net

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

For further information concerning this matter, please call:

Alvin Delaney

Name of Person

at (305) 510-6733

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:

A-4DABLE HOME INVESTORS, 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:

Mailing Address:

10291 Willmington Blvd
Englewood, FL 34224

P.O. BOX 1117
Englewood, FL 34295

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:

Alvin Delaney

Name

10291 Willmington Blvd

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

Englewood

City

FL 34224

Zip

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 605, F.S..

Alvin Delaney

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 AUG 27 AM 7:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

Alvin Delaney

10291 Willmington Blvd

Englewood, FL 34224

James Jennings

6079 Almanac St

Englewood, FL 34224

Francisco Lopez

17413 Terry Ave

Port Charlotte, FL 33948

(Use attachment if necessary)

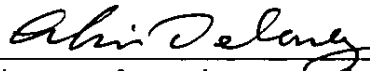
ARTICLE V: Effective date, if other than the date of filing: August 25, 2014 (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

The purpose of the A-4DABLE Home Investors, LLC, shall be to invest the assests of the Partnership to
purchase, rehabilitate, sell and / or lease real estate for the financial benefit of the Partners.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

ALVIN DELANEY

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)

14 AUG 27 AM 7:43
STATE OF FLORIDA
DEPARTMENT OF STATE