

L15000213080

(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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12/03/15--01021--010 **160.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 23 AM 11:12

DEC 30 2015

T CANNON

EFFECTIVE DATE

Jan 1, 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~Creative Benefit Solutions, LLC~~ AGENCY ALLIES, 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 Adams

Name of Person

~~Creative Benefit Solutions, LLC~~

AGENCY ALLIES, LLC

Firm/Company

57 Bambi Place

Address

Santa Rosa Beach, Florida 32459-3396

City/State and Zip Code

~~ma@cbcsorg.com~~

ma5594@sbcglobal.net

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

For further information concerning this matter, please call:

Mark Adams

314

494-1878

at ()

Name of Person

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mark Adams

57 Bambi Place
Santa Rosa Beach, FL 32459-3396
314-494-1878
email: ma5594@sbcglobal.net

December 21, 2015

Tina D. Cannon
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: Your Letter Number: 715A00026124

Dear Tina,

I received your enclosed letter stating that the business name I previously chose, "Creative Benefit Solutions, LLC", is unavailable.

I have changed the name on the enclosed application documents and included a copy of my check for \$160.00 that has already been deposited by the Division of Corporations.

Sincerely yours,



Mark Adams

15 DEC 23 2:08 PM
15 DEC 23 2:08 PM
15 DEC 23 2:08 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2015

MARK ADAMS
CREATIVE BENEFIT SOLUTIONS, LLC
57 BAMBI PLACE
SANTA ROSA BEACH, FL 32485-3396 US

SUBJECT: CREATIVE BENEFIT SOLUTIONS, LLC
Ref. Number: W15000080311

We have received your document for CREATIVE BENEFIT SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P03000132297.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon

Regulatory Specialist II

Letter Number: 715A00026124

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC 23 AM 11:12

~~Creative Design Solutions, LLC~~ AGENCY ALIES, 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:

57 Bambi Place
Santa Rosa Beach, FL 32459-3396

57 Bambi Place
Santa Rosa Beach, FL 32459-3396

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.)

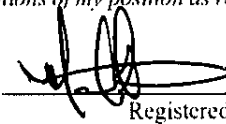
The name and the Florida street address of the registered agent are:

Mark Adams
Name

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

<u>Santa Rosa Beach</u>	<u>Florida</u>	<u>32459-3396</u>
City	State	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..


MARK A. ADAMS
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Deborah L. Adams

57 Bambi Place

Santa Rosa Beach, FL 32459-3396

AMBR

Mark A. Adams

57 Bambi Place

Santa Rosa Beach, FL 32459-3396

AMBR

Mark Turner Adams

57 Bambi Place

Santa Rosa Beach, FL 32459-3396

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MARK A. ADAMS

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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