116000132911

(Re	questor's Name)	
, (Ad	dress)	
(Ad	dress)	
-: (Cil	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	m e)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		i
		

Office Use Only



800287432868

07/08/16--01021--004 **125.00

16 III -8 PH 3: 18

Town

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJEC	Adsync Properties, LLC				
SUBJEC		Limited Liabi	ity Company		
The encl	osed Articles of Organization and fee(s)) are submitted	l for filing.		
Please re	turn all correspondence concerning this	matter to the	following:		
	Adam Adkinson				
		Name of	Person		
		Firm/Co	maany	<u> </u>	
	313 E Palmetto Ave	THIDO	mipany		
		Add	ress		
	Pensacola, FL 32507			16	SECE
	adamadkinson@hotmail.com	City/State as	nd Zip Code	8-7	HASS
	E-mail address: (to be u	sed for future	annual report notification)		
For furthe	information concerning this matter, pl	ease call:		င္မာ	STA NO.1.
	Adam Adkinson	850	529-5117	8	TE
	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	LCertif	00 Filing Fee & \$160.00 Filing Certificate of Certified Copy (additional copy	Status &	d)
	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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Adsync Properties, LL				
(Must end w	ith the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
CLE II - Address:				
iling address and street add	dress of the principal of	fice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
313 E Palmetto Ave		313	313 E Palmetto Ave	
Pensacola, FL 32507		Pens	Pensacola, FL 32507	
CLE III - Registered Agen mited Liability Company of business entity with an ac	cannot serve as its own	& Registered Agent.		
mited Liability Company	annot serve as its own trive Florida registration	& Registered Agent.	nt's Signature:	
mited Liability Company of business entity with an ac	annot serve as its own trive Florida registration	& Registered Agent.	nt's Signature:	
mited Liability Company of business entity with an ac	cannot serve as its own tive Florida registration ddress of the registered	& Registered Agent.	nt's Signature:	
mited Liability Company of business entity with an ac	cannot serve as its own tive Florida registration ddress of the registered	Registered Ager Registered Agent. (1.) agent are:	nt's Signature:	
mited Liability Company of business entity with an ac	eannot serve as its own etive Florida registration ddress of the registered Adam Adkinson	Registered Agent. Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual	
mited Liability Company of business entity with an ac	eannot serve as its own stive Florida registration ddress of the registered Adam Adkinson 313 E Palmetto Ave	Registered Agent. Registered Agent. 1.) agent are:	nt's Signature: You must designate an individual	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 JUL -8 PM 3: 18

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Jane Adkinson
AMBR	313 E Palmetto Ave
	Pensacola, FL 32507
AMBR	Adam Adkinson
AMDK	313 E Palmetto Ave
	Pensacola, FL 32507
	
(Use attachment if necessary)	
•	
LE V: Effective date, if other than the da	ate of filing: 4 July 2016 (OPTIONAL)
fective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days
of filing.)	4
I the date inserted in this block does no iment's effective date on the Departme	at meet the applicable statutory filing requirements, this date will not be li
mient a effective date on the Departine	in or state a records.
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	

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.

Adam Adkinson

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)

Page 2 of 2