

L16000189544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

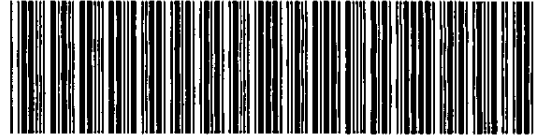
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/16--01018--016 **130.00

~~FILE-65284~~

RECEIVED
TALLAHASSEE, FLORIDA

2016 OCT 12 PM 5:16

FILED

V HERRING
OCT 13 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LadFinancial 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:

Jon Ladenheim

Name of Person

LadFinancial LLC

Firm/Company

135 Jenkins Street Suite 105B-321

Address

Saint Augustine FL 32086

City/State and Zip Code

atty-pi@ladfinancialinvestigations.com

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

For further information concerning this matter, please call:

Jon Ladenheim

936

4460878

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**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

JON LADENHEIM
135 JENKINS STREET SUITE 105B-321
SAINT AUGUSTINE, FL 32086

SUBJECT: LADFINANCIAL LLC
Ref. Number: W16000065284

*PLEASE SEE
ATTACHED CHANGES
THANK YOU*

We have received your document for LADFINANCIAL 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 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000106457 (L.A.D. FINANCIAL, CORP).

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) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 816A00020306

RECEIVED
16 OCT 12 AM 10:08
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Lad Financial LLC~~ Lad Financial Investigations LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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2016 OCT 12 PM 5:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

135 Jenkins Street Suite 105B-321
Saint Augustine, FL 32086

Mailing Address:

135 Jenkins Street Suite 105B-321
Saint Augustine, FL 32086

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:

Jon Ladenheim

Name

166 Marine Street

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

Saint Augustine FL 32084

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

④ I AM A FL. LICENSED PRIVATE INVESTIGATOR.
AGENCY LICENSE # A2900121

ARTICLE IV-

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jon Ladenheim

135 Jenkins Street Suite 105B-321

Saint Augustine, FL 32086

(Use attachment if necessary)

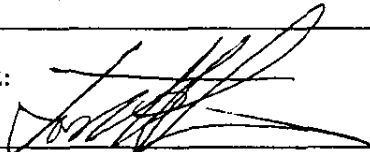
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Jon Ladenheim

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)