

L17000167087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

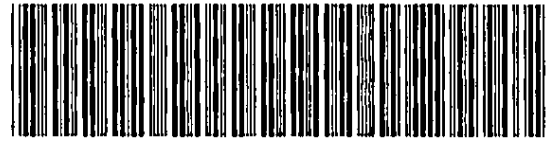
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/03/17--01022--014 **125.00

17 AUG -7 04 3:54
TALLahassee, FLORIDA

EFFECTIVE DATE 08/01/17

08/07/17

Untitled

Dear Sirs

Attached please find the filing for Articles of Organization to form LADS Advisors as a limited liability corporation, along with a check for the filing fee.

I may be reached at:

F Scott Ball
P. O. Box 2326
Naples, FL. 34106

phone: 312-509-5338

Sincerley

F. Scott Ball

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LADS ADVISORS 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:

F. SCOTT BALL
Name of Person

LADS ADVISORS LLC
Firm/Company

131 3RD ST. NORTH
Address

NAPLES, FL. 34102
City/State and Zip Code

FSCOTTBALL@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

F. SCOTT BALL at (312) 509-5338
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LADS ADVISORS L.L.C.

(Must contain 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:

131 3RD ST. N.
NAPLES FL. 34102

Mailing Address:

P.O. Box 2326
NAPLES FL. 34106

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.)

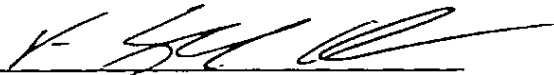
The name and the Florida street address of the registered agent are:

F. SCOTT BALL
Name

131 3RD ST. N.
Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL. 34102
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG -3 AM 8:54
FULTON COUNTY STATE
CLERK OF SUPERIOR COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

F. SCOTT BALL

P.O. BOX 2326

NAPLES FL 34106

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 1 2017 (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:

F. SCOTT BALL

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.

F. SCOTT BALL

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)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 AUG -3 AM 8:54