

L170000189125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

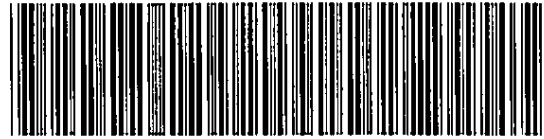
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303151407

09/05/17--01032--007 **130.00

2017 SEP -6 AM 11:29
TALLAHASSEE, FL
RECEIVED

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: ADF Mobile Screening, 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:

Deborah Broderick

Name of Person

Firm/Company

5461 Carrick Rd

Address

Cocoa, Florida 32927

City/State and Zip Code

sbssmallbiz@cfl.rr.com

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

For further information concerning this matter, please call:

Deborah Broderick

321

749-4527

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

2017 SEP -6 AM 11:29
TALLAHASSEE, FL 32301

2017 SEP -6 AM 11:29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADF Mobile Screening, LLC

(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:

Mailing Address:

5461 Carrick Rd.

Cocoa, Florida 32927

5461 Carrick Rd.

Cocoa, Florida 32927

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:

Deborah Broderick

Name

5461 Carrick Rd

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

Cocoa

Florida

32927

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Deborah G. Broderick

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 SEP -6 AM 11:29
RECEIVED
FALMOUTH 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

Name and Address:

Amy Snodgrass

3116 Crystal Lake Ct.

Sarasota, Florida 34235

MGR

Deborah Broderick

5461 Carrick Rd

Cocoa, Florida 32927

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 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.

Business will be elected to run as a two member S-Corp.

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.

Amy Snodgrass

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)