

L18000262830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

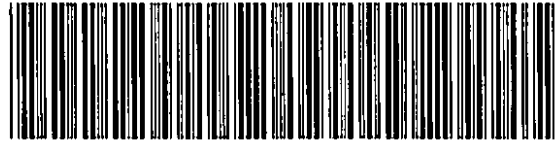
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec. by FedEx 11/2/18
JFM

W/F
W18-94561

Office Use Only



000319732820

11/03/18--01018--002 **\$1.25

10/17/18--01018--013 **\$78.75

2018 NOV -2 PM 2:10
SECRETARY OF STATE
RECEIVED

M. MILLIGAN

NOV 14 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2018

ROBERT P. ADAMS
204 S.E. 2ND AVENUE
BOYNTON BEACH, FL 33435

SUBJECT: OPINION STRATEGIES LLC
Ref. Number: W18000094561

We have received your document for OPINION STRATEGIES LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 018A00022108

10/31/18

Ms. Milligan,

Enclosed is the application to form a Florida domestic LLC for Opinion Strategies LLC. I have also included a check for \$51.25 for the balance owed and a copy of certificate of good standing.

Thank you!
Sincerely,

Bob Adams

COVER LETTER

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

SUBJECT: Opinion Strategies 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:

Robert Adams

Name of Person

Opinion Strategies LLC

Firm/Company

415 Paso Corto Drive

Address

Kearneysville, WV 25430

City/State and Zip Code

bob@bobadams.com

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

For further information concerning this matter, please call:

Robert Adams 304 261-8388
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Opinion Strategies 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:

204 SE 2nd Avenue

Boynton Beach, Florida 33435

415 Paso Corto Drive

Kearneysville, WV 25430

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:

Robert Adams

Name

204 SE 2nd Avenue

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

Boynton Beach

Florida

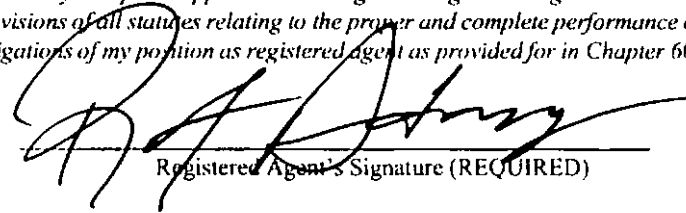
33435

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)

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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:

Robert Adams

204 SE 2nd Avenue

Boynton Beach, FL 33435

(Use attachment if necessary)

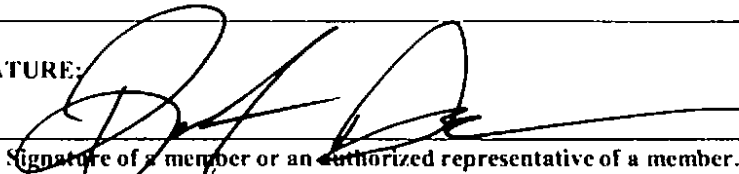
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Robert Adams

Typed or printed name of signer

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)

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SECRETARY OF STATE
JAN 1 2019

FILED