

L1900000 8333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

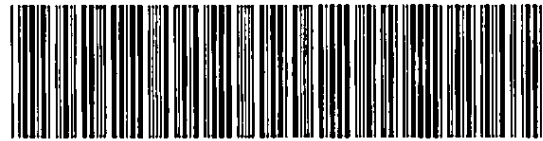
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DEPOSIT ONLY 125.00
12/28/18--01013--005

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thomas Adams 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:

Thomas Adams

Name of Person

Thomas Adams LLC

Firm/Company

105 Shopia Marie Cove

Address

Sanford FL, FL 32771

City/State and Zip Code

tomicrash23@gmail.com

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

For further information concerning this matter, please call:

Thomas Adams

Name of Person

at (

321)

Area Code

593-9586

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration 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:

Thomas Adams LLC

(Must end with 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:

105 Shopia Marie Cove
Sanford Fl, FL 32771

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Sanford Fl, FL 32771

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:

Thomas Adams

Name

105 Shopia Marie Cove

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

Sanford Fl

FL 32771

City

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..

Thomas Adams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 DEC 29 PM 3:25

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:

Thomas Adams

105 Shopia Marie Cove

Sanford FL, FL 32771

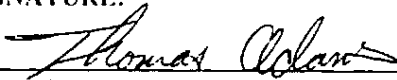
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

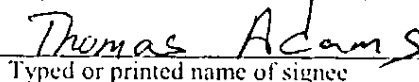
REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Thomas Adams


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)

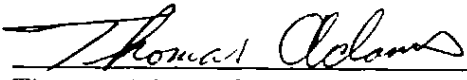
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Thomas Adams LLC
105 Shopia Marie Cove
Sanford Fl, FL

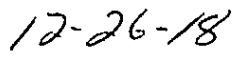
INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Thomas Adams LLC:

Thomas Adams
105 Shopia Marie Cove
Sanford Fl, FL 32771



Thomas Adams, Organizer



Date