

L21000409144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

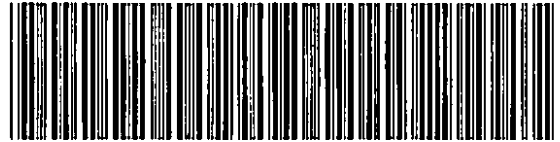
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA sig
Name (DRA)

W21000047832

Office Use Only



400362893424

04/06/21--01004--005 **125.00

2021 APR 26 PM 2:13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Adventures In Marketing 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:

Dennis Louis McAllister

Name of Person

Firm/Company

P.O. Box 1164

Address

Palm Harbor FL 34682

City/State and Zip Code

dlmcallisterdata@gmail.com

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

For further information concerning this matter, please call:

Dennis L. McAllister

727

307-6850

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adventures in Marketing 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:

3121 Beecher Drive East

P.O. Box 1164

Unit F

Palm Harbor FL 34683

Palm Harbor FL 34682

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:

Dennis Louis McAllister

Name

3121 Beecher Drive East Unit F

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

Palm Harbor

FL

34683

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..

Dennis Louis McAllister

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB 5 PM 2:49

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:

MGR

Melissa McAllister
3121 Beecher Drive East Unit F
Palm Harbor FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2021 (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:

Dennis Louis McAllister

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.

Dennis Louis McAllister

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2021

DENNIS LOUIS MCALLISTER
3121 BEECHER DRIVE EAST UNIT F
PALM HARBOR, FL 34683

SUBJECT: ADVENTURES IN MARKETING LLC DBA A.I.M. LLC
Ref. Number: W21000067832

We have received your document for ADVENTURES IN MARKETING LLC DBA A.I.M. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

James G Harris
Regulatory Specialist II

Letter Number: 721A00010413

2021 JUN -3 PM 2:50
CORPORATIONS
DIVISION