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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111 : (727)461-6430 Fax Number

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## FLORIDA LIMITED LIABILITY CO. ADOHI, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

#### ARTICLES OF ORGANIZATION

### FOR FLORIDA LIMITED LIABILITY COMPANY OF

#### ADOHI, LLC

## <u> ARTICLE I - NAME AND MAILING ADDRESS</u>

The name of the Limited Liability Company is ADOHI, LLC, and its principal office and mailing address is 821 Bayview Drive, Belleair, Florida 33756.

## ARTICLE II - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Gary W. Lyons, Esquire 1659 Achieva Way, #128 Dunedin, Florida 34698

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.

# Gary W. Lyons GARY W. LYONS, Registered Agent

#### **ARTICLE III - MANAGEMENT**

7 This Limited Liability Company is now to be managed by managers and is. therefore, a manager - managed Company. The Managers shall hereafter be JEFFREY S. COOPER, 821 Bayview Drive, Belleair, Florida 33756 and LINDA A. COOPER, 821 Bayview Drive, Belleair, Florida 33756. Either one of the Managers shall be authorized tosign and bind the Company in all Company matters.

Prepared By: McFarland, Gould, Lyons, Sullivan & Hogan, P.A. Gary W. Lyons, Esq. FBN: 0268186 1659 Achieva Way, #128 Dunedin, Florida 34698 (727) 461-1111

From: Lisa Shuman

Fax: 17272933819 To. Fax: (850) 517-6381

JEFFREY S. COOPER
Title: Authorized Person

LINDA A. COOPER
Title: Authorized Person

(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 section 817.155, F.S.)