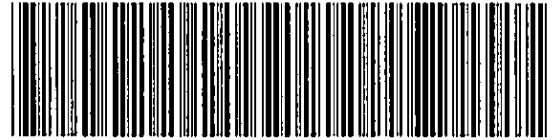


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

06/19/19--01:13:00

Special Instructions to Filing Officer:

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19 JUN 18 PM 4:49  
STATE OF FLORIDA  
TALLAHASSEE

B KINSEY  
JUN 26 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adco Billing Solutions LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Ryan Chenchick

Contact Person

Adco Billing Solutions LP

Firm/Company

3401 Grande Vista Drive, # 683

Address

Newbury Park, CA 91320

City, State and Zip Code

ryan.chenchick @ adco billing.com

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

For further information concerning this matter, please call:

Ryan Chenchick

Name of Contact Person

at ( 805 ) 375-5880 ext. 310

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

19 JUN 18 PM 4:49  
STATE OF FLORIDA  
TALLAHASSEE

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Adco Billing Solutions LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. California

State or Country of Formation

3. 2-14-2014

Date of Formation

4. Federal Employer Identification Number: 46-4821780

5. Name of Registered Agent for Service of Process and Florida Street Address:

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

6. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lorie Cuni on behalf of InCorp Services, Inc.

Signature of Registered Agent

7. Principal Office:

Adco Billing Solutions LP

3607 Old Conejo Rd.

Newbury Park, CA 91320

8. Mailing Address:

Adco Billing Solutions LP

3401 Grande Vista Drive, #683

Newbury Park, CA 91320

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Destry Setser

Street Address: 3607 Old Conejo Rd.  
Newbury Park, CA, 91320

Mailing Address: 3401 Grande Vista Dr., #683  
Newbury Park, CA 91320

Name of General Partner: Ahron Greenwald

Street Address: 3607 Old Conejo Rd.  
Newbury Park, CA 91320

Mailing Address: 3401 Grande Vista Dr., #683  
Newbury Park, CA 91320

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

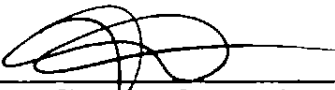
Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

11. **Effective date, if other than the date of filing:** \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*  
**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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 13<sup>th</sup> day of June, 2019

  
 \_\_\_\_\_  
 Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

REGISTERED AGENT  
 ALLIANCE STATE  
 ALLIANCE FLORIDA  
 19 JUN 18 PM 4:49

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: ADCO BILLING SOLUTIONS LP

FILE NUMBER: 201404100003  
FORMATION DATE: 02/06/2014  
TYPE: DOMESTIC LIMITED PARTNERSHIP  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
May 13, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State