

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3068

*[Handwritten signature]*  
12/12

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ADA Maintenance & Consulting LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **ADA Maintenance & Consulting 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:

1215 12th Ct. NE

1215 12th Ct. NE

Winter Haven, FL 33881

Winter Haven, FL 33881

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

**Arden Ambrose**

Name

1215 12th Ct. NE

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Winter Haven, FL 33881

(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 608, F.S.*



**Registered Agent's Signature - Arden Ambrose**

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**ARTICLE IV - Manager(s) or Managing Member(s):**

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The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Arden Ambrose - 1215 12th Ct. NE, Winter Haven, FL 33881

MGRM

Andrea Ambrose - 1215 12th Ct. NE, Winter Haven, FL 33881

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Arden Ambrose**

Typed or printed name of signee

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