

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000031677
FILED 8:00 AM
March 23, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:

ADRIANA D&C LLC

Article II

The street address of the principal office of the Limited Liability Company is:

100 LINCOLN RD
APT 1645
MIAMI BEACH, FL. 33139

The mailing address of the Limited Liability Company is:

PO BOX 2465
FORT LAUDERDALE, FL. 33303

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ADRIANA WILSON
100 LINCOLN RD
APT 1645
MIAMI BEACH, FL. 33139

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.

Registered Agent Signature: ADRIANA WILSON

Article V

The name and address of managing members/managers are:

Title: MGRM
CHANDLER
PO BOX 2465
FORT LAUDERDALE, FL. 33303

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Article VI

The effective date for this Limited Liability Company shall be:

03/22/2010

Signature of member or an authorized representative of a member

Signature: CHANDLER

L100000031677
PINNACLE
CONSULTING & PROFESSIONAL ACCOUNTING, P.A.
Making the complex simple

Street Address:

301 South Albany Avenue
Stuart, Florida 34994
Telephone (772) 286-1111

Mailing Address:

Post Office Box 1947
Stuart, Florida 34995
Facsimile (772) 286-3567

Fax 850-245-6030

Florida Department of State
Attn: Carolyn Lewis

Re: Adriana D&C LLC
Tracking # 500172780325

Ms. Lewis,

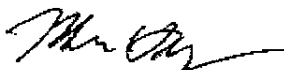
Thank you for your prompt attention to this issue.

The individual who is to be the Managing Member and sole owner of the above LLC has only one name (Chandler).

I realize that this is very unusual, but he has taken the steps to legally change his name to Chandler. All of his tax returns are filed with that one name and all contracts are signed with that one name.

For your reference, I am attaching a copy of the department's email to me and a copy of the federal power of attorney for Chandler.

Thank you and have a FANTASTIC day!



Malcolm Hayes

Attachments: Florida Dept of State email 20100323
Federal form 2848 for Chandler

Date: Tuesday, March 23, 2010 9:59 AM
From: limitedonline@dos.state.fl.us
To: MALCOLM@PINNACLECPA.COM
Subject: Corporate Filing - 500172780325

Document Number: W10000014356
Entity Name: ADRIANA D&C LLC
Tracking Number: 500172780325
Pin Number: 0325

We received your online transmitted document. However, the document has not been filed for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The individual's complete name must be typed out in the signature box and MGRM section.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org and click on "E-Filing Services", and then choose the type of filing you are trying to correct. Pull down the vertical scroll bar until you see the two blocks entitled "Tracking Number" and "Pin Number," which are located on the right hand side of the page. Next, enter your tracking number and pin number. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

If you have any questions concerning your filing please call 850-245-6917.

Gretchen Harvey
Document Specialist Supervisor
Registration/Qualification Section

Letter Number: 100323095901-500172780325

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation.

DOS Customer Satisfaction Survey:
<http://survey.dos.state.fl.us/index.aspx?email=LimitedOnline@dos.state.fl.us>

Form 2848
(Rev. June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

Chandler

Post Office Box 2465
Fort Lauderdale, FL 33303

Social security number(s)

527-74-5800

Employer identification number

Daytime telephone number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Malcolm Hayes

PO Box 1947

Stuart, FL 34995-1947

Name and address

CAF No. 6500-45478R

Telephone No. (772) 286-1111

Fax No. (772) 286-3567

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income	1040	2004, 2005, 2008
Income	1040	2007, 2008, 2009, 2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF. ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

Form 2848 (Rev. 6-2008)

Chandler

Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

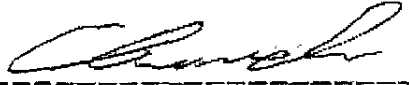
- a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b If you do not want any notices or communications sent to your representative(s), check this box ☐

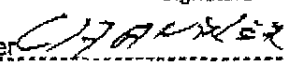
8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature  Date 3/21/2010 Title (if applicable)

Chandler  PIN Number Print name of taxpayer from line 1 if other than individual

Signature Date Title (if applicable)

Print Name PIN Number


Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 1 of the instructions.
 - k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
b	FL		3/21/2010