4000016981

(Re	questor's Name)	
(Ad	idress)	
. (Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
(O.)	y =	
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400255549124

01/21/14--01025--014 **125.00

FILEU

SECRETARISTA DISONA
SECRETARISTA DISONA
SECRETARISTA DI SONO

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ads You Hear, 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:
Gia Gamgemi
Name of Person
Ads You Hear,LLC.
Firm/Company
930 S. State Road 7
Address
Plantation, FL 3317
City/State and Zip Code lic_info@adsyouhear.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bruce Hacker 954 401-5900
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{Status} \text{Status} \text{Status} \text{Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}
Mailing Address Street/Courier Address

Mailing Address

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

Street/Courier Address
Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ads You Hear, LLC 🚜		
(Must end with the	e 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 Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
Ads You Hear, LLC	Ads You Hear, LLC -	
930 S. State Road 7	1820 SW 67th Avenue	
Plantation, FL 33317	Plantation, FL33317	
The name and the Florida street address	s of the registered agent are:	
Gia Gangemi		
	Name	
1820 SW 67th Avenu		
	address (P.O. Box NOT acceptable)	
Plantation	FL 33317	
	City Zip	
the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with a	t and to accept service of process for the aboute, I hereby accept the appointment as registe the provisions of all statutes relating to the and accept the obligations of my position as a Chapter 605, F.S ed Agent's Signature (REQUIRED)	ered agent and agree to act in this e proper and complete performance
	Page 1 of 2	FII SECRETA

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Gia Gangemi 1820 SW 67th Ave Plantation, FL 33317 AMBR Bruce Hacker 2030 NE 31st Avenue Fort Lauderdale, FL 33305 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __. (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.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (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 \$.817.155, F.S.) BRUCE HACKER
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)

Page 2 of 2