

M06000004841

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ADDEX, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # MD6000004841

1. Limited Liability Company's Name

ADLEX, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 777 YAMATO RD Suite, Apt. #, etc. STE 300 City & State BOCA RATON, FL Zip 33431		Country USA	
3. Mailing Office Address 777 YAMATO RD. Suite, Apt. #, etc. STE 300 City & State BOCA RATON, FL Zip 33431		Country USA	

4. State/Country of Formation NV	
5. Date Organized or Qualified To Do Business in Florida 9/1/2006	
6. FEI Number 200489272	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
GARTH FRIESEN

Street Address (P.O. Box Number is Not Acceptable)
777 YAMATO RD.

Suite, Apt. #, etc.
STE 300

City
BOCA RATON

State
FL

Zip Code
33431

E-mail Address:
Jennifer.Flores@avmltd.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 6/30/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARTH FRIESEN	777 YAMATO RD. STE 300	BOCA RATON, FL 33431
REINSTATEMENT 109-11			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

Signature of Managing Member/Manager _____ Date 6/30/11 Daytime Phone # 561-544-4615

Typed or printed name of signing Managing Member/Manager _____