M06000004841

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LIMITED LIABILITY REINSTATEMENT
ADIEX, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M06000004841

1. Limited Liability Company's Name

ADLEX, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
777 YAMATO RD	777 YAMATO RD.
Suite, Apt. #, etc. STE 300	Suite, Apt. #, etc. STE 300
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431 Country USA	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: 20-0489272 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $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 Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARTH FRIESEN	777 YAMATO RD. STE 300	BOCA RATON, FL 33431
	REINSTATEMENT 09-11		

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.817.155, 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 _____

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