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| · (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF COMPORATIONS

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FEB - 7 2012 T. HAMPTON

COVER LETTER

Registration Section

TO:

| Division of | f Corporations | | |
|-----------------------|---|--|--|
| SUBJECT: | Adapt Stu | dios LLC. | |
| | Name of Limited I | iability Company | |
| The enclosed Article | es of Organization and fee(s) are sub- | nitted for filing. | |
| Please return all cor | respondence concerning this matter t | o the following: | |
| | Antor | nio Diaz | |
| | Na | me of Person | |
| | Adapt S | tudios LLC | |
| | Fir | m/Company | |
| | 1435 7 | Oth Ave | |
| u | | Address | |
| | Miami. | FL 33144 | |
| | <u> </u> | ate and Zip Code | |
| | | s.llc@gmail.com | |
| | E-mail address: (to be used for fi | • | |
| For further informat | ion concerning this matter, please cal | l: | |
| Nicho | olas Madariaga | 305 987-3407 | |
| Na | ame of Person | Area Code & Daytime Telephone Nu | mber |
| Enclosed is a chec | k for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy Certificated Copy is enclosed Certificated Copy is enclosed Certificated Certificated Certificated Copy is enclosed. | 00 Filing Fee, cate of Status & ed Copy nal copy is enclosed) |
| | 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

| ARTICLE I - Name: | | | | | |
|---|--|--|--|--|--|
| The name of the Limited Liability Company is: Adapt Studios LLC. | | | | | |
| | | | | | |
| ARTICLE II - Address: | | | | | |
| The mailing address and street address | s of the principal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 1435 SW 70th AVE | 1435 SW 70th AVE | | | | |
| Miami, FL 33144 | Miami, FL 33144 | | | | |
| | | | | | |
| The name and the Florida street addre | Antonio Diaz | | | | |
| 4.405 | Name | | | | |
| | SW 70th AVE | | | | |
| Flori Miam | da street address (P.O. Box NOT acceptable) | | | | |
| ivilani | ni FL 33144 City, State, and Zip | | | | |
| | * | | | | |
| liability company at the place designed registered agent and agree to act in the statutes relating to the proper and co | ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and the provision of the p | | | | |
| Registered An | ion as registered agent as provided for in Chapter 608, F.S | | | | |

(CONTINUED)

Page 1 of 2

DIVISION OF CEREORATIONS

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb | Name and Address: |
|---|--|
| INDICAL — Managing Memo | KG1 |
| MGRM | Eric Claudio |
| | 9551 Fontainebleau Blvd |
| | Apt 209 Miami, FL 33172 |
| MGRM | Antonio Diaz |
| | 1435 SW 70th AVE |
| | Miami, FL 33144 |
| MGRM | Nicholas Madariaga |
| | 7131 SW 142 PL |
| | Miami, FL 33183 |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) | than the date of filing: (OPTIONA must be specific and cannot be more than five business day |
| <u>REQUIRED</u> SIGNATURE: | |
| | Acela Maduriaga— a member or an 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. 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 s.817.155, F.S.)

Nicholas Madariaga

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)