B190000180

(F	Requestor's Name)			
(A	Address)			
<u>^</u>	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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19 JUN 18 PM 4: 49

DIN 5 6 JUB BKINSEY

COVER LETTER

TO: Registration Section				
Division of Corporations SUBJECT: Adco Billing So	lutions	LP	470,	
Name of Foreign Limited Partners			d Partnership	•
The enclosed application, certificate of status and fees a partnership to transact business in Florida. Please return all correspondence concerning this matter	r to:		gn limited partnership	or limited liability limited
Ryan Chenchick				
Adco Billing Solutions	LP			
Firm/Company 3401 Grande Vista	Drive,#	683		
Contact Person Adco Billing Solutions Firm/Company 3401 Grande Vista Address Newbury Park, CA 91 City, State and Zip Code	320			
City, State and Zip Code Tyan. Chenchick @ adcobil E-mail address: (to be used for future annual report n	lling. com			
For further information concerning this matter, please of				
Ryan Chenchick a	at (80 S Area Code an) 375	- 5880 ex Jenhone Number	/ .310
Enclosed is a check for the following amount:		,		
\$1,000.00 Filing Fees \$\ \big(\$965 Filing Fee and \\ \$35 Registered Agent Fee) \$\\\$\$1,008.75 Filing Fees \$\ \text{and Certificate of Status}\$	\$1,052.50 Fili and Certified	Copy C	1,061.25 Filing Fce, Certified Copy, and Certificate of Status	19 JUN 18 PH 4: 49 SCHOOL CALL STATE
Registration Section Division of Corporations Clifton Building	MAILING ADD Registration Secti Division of Corpo P. O. Box 6327 Tallahassee, FL	on orations		राधास्त्र १।५।६ १: ५9

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, Ado Billing Solutions Li	P
(Name of Limited Partnership or Limited Liability Limit Acceptable Limited Partnership suffixes: Limited Partnership, Limite Acceptable Limited Liability Limited Partnership suffixes: Limited L	ed, L.P., LP, or Ltd.
If name unavailable, name under which the limited partnership or limited business in Florida; must constant the state of t	ontain acceptable suffix.
State or Country of Formation 4. Federal Employer Identification Number: 46-482	2-14-2014 Date of Formation
5. Name of Registered Agent for Service of Process and Florida S	treet Address:
InCorp Services, Inc.	
17888 67th Court North	
Loxahatchee, FL 33470	
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent. LO Signature of Reg.	my duties, and I am familiar with and accept the obligations of rie Cuni on behalf of InCorp Services, Inc.
·	iling Address:
Adco Billing Solutions LP A	dco Billing Solutions LP
3607 Old Conejo Rd. 3	401 Grande Vista Drive, # 683
Adco Billing Solutions LP A 3607 Old Conejo Rd. Newbury Park, CA 91320 Ne	wbury Park, CA 91320 E
9. If limited partnership is a limited liability limited partnership	
Name of General Partner: Destry Setser Street Address: 3607 Old Conejo Rd.	Name of General Partner: Ahron Greanwald
Street Address: 3607 Old Conejo Rd.	Street Address: 3607 Old Fron Ego Rd.
Newbury Park, CA, 9132	Newbury Park, CA 91320
,	Mailing Address: 3401 Grande Vista Dr., #683
Newbury Park, CA 91320	•
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	or the date this document is filed by the Florida Department of State.) licable statutory filing requirements, this date will not be listed as the ds.
	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
	are of a general partner
The individual signing this document affirms that the facts st submitted in a document to the Department of State constitution	tated herein are true and the individual is aware that false information tes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2
	Page 2 of 2 28 PM 4: 49 28 PM 4: 49

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ADCO BILLING SOLUTIONS LP

FILE NUMBER: FORMATION DATE:

201404100003 02/06/2014

TYPE:

DOMESTIC LIMITED PARTNERSHIP

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 13, 2019.

ALEX PADILLA Secretary of State