

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue

Tallahassee, Florida 32301

(850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** 

**OFFICE USE ONLY** 6909/12500U

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

ADA LLc

	Filing Evidence  ☑ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
	△ Flam/Commanon Copy	Certificate of Status
	☐ Certified Copy	□ Certificate of Good Standing
		□ Articles Only
		□ All Charter Documents to Include
	Retrieval Request	Articles & Amendments 5
	□ Photocopy	□ Fictitious Name Certificate
	□ Certified Copy	□ Other
		PALL SECTION OF THE S
	NEW FILINGS	AMENDMENTS SET OF SET O
	Profit	Amendment SA F P
	Non Profit	Resignation of RA Officer/Director  Change of Registered Agent
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
		2000042143923 -05/14/0101018010 -05/14/0101018010
	OTHER FILINGS	REGISTRATION/QUALIFICATION ****125.00 ****125.00
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADA, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8419 TWIN LAKE DRIVE, BOCA RATON, FLORIDA 33496

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRALSERVICES INC.				
Name				
526 EAST PARK AVENUE				
Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE	FL	32301		
City, State, and Zip				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Michael Donovan Brit Decretary
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of 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.)

RICHARD M. HORWOOD, AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)