

# L020000001075

## TRANSMITTAL LETTER

Date: 1/7, 2002

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 487-6052

SUBJECT: NAME Ada's of N.Y. L.L.C.

Enclosed are an original and one (1) copy of ARTICLES OF ORGANIZATION for the above stated Florida Limited Liability Company and a check for:

☒ \$100 Filing Fee  
☒ 25 Registered Agent Fee

900004763779--9

-01/10/02--01011--006

\*\*\*\*125.00 \*\*\*\*125.00

Check made payable to the Florida Department of State.

FROM: Name of Registered Agent: Karen Berzok, CPA  
Address: 3111 University Dr. Suite 405  
Coral Springs, FL 33065

954-340-7255  
Daytime Telephone number

Name Availability	
Document Examiner	
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

02 JAN 10 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

L020000001075

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ada's of N.Y., L.L.C.

## ARTICLE II - Address:

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

5160 Coconut Creek Pkwy  
Margate, FL 33063

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

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

Karen Berzok, C.P.A.

Name

3111 University Dr. Suite 405

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs FL 33065

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.

Karen Berzok

Registered Agent's Signature

FILED  
02 JAN 10 AM 11:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## Article IV - Management (Check box if applicable.)

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

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

Karen Berzok

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.)

Karen Berzok

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)