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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

03 JUL 14 PM 2:27
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

adonai restoration, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JB
7-14-03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ADONAI RESTORATION, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2867 SW 69 Court
Miami, FL 33155

2867 SW 69 Court
Miami, FL 33155

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

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

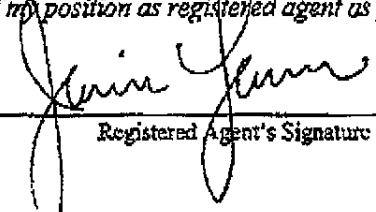
Jairo Garcia
Name

6903 NW 50 Street
Florida street address (P.O. Box NOT acceptable)

Miami FL 33166
City, State, and Zip

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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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

CLARA GARCIA
8878 W Flager St #1
Miami, FL 33174

MGRM

RAMON GAVIRIA
6703 North Kendall Dr. #409
Pinecrest, FL 33196

MGRM

JAIRO GARCIA
6903 NW 50 Street
Miami, FL 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**


 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.)

JAIRO GARCIA
 Typed or printed name of signee

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 SECURITIES
 TALLAHASSEE, FLORIDA

AND
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