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## TRANSMITTAL LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Adoré LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mildrey Gonzalez			
(Name of Person)			
(Firm/Company)			
25035 SW 129 Path			
(Address)			
Homestead, FI 33032			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Mildrey Gonzalez at ( 305 )	321-3729		
(Name of Person) (Area Code &	Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SCONNINGER FLORID

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Com	pany is:			
Adoré LLC					
ARTICLE II - Ad The mailing addres		of the principal	office of the Limited	Liability Com	ıpany is:
Principal Office A	Principal Office Address:  25035 SW 129 Path  Homestead, Fl 33032		Mailing Address:		
25035 SW 129 Path			25035 SW 129 Path		
Homestead, Fl 3303.			Homestead, FI 33032		
		-			<del></del>
	<b>egistered Agent, Re</b> Florida street address		e, & Registered Agented agented agentere:	it's Signature	:
	Mildray Campian				
	Mildrey Gonzalez	Name			
	25035 SW 129 Path				
	Florida street ad	dress (P.O. Box X	OT acceptable)		
	Homestead,	FL	ORIDA 33032		
	Cit	y, State, and Zip			
Having been named as regis company at the place design igree to act in this capacity. and complete performance o register	nated in this certificat I further agree to con of my duties, and I am red agent as provided	e, I hereby acce nply with the pr a familiar with a	pt the appointment as ovisions of all statutes ind accept the obligation 608, Florida Statutes	registered age relating to the ons of melogit	nt and proper

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Jennifer García	
	3830 SW 125 Avenue	
	Miami, FI 33175	
MGR	Mildrey Gonzalez	
	25035 SW 129 Path	
	Homestead, Fl 33032	
<del></del>		
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested 😤 🙎	
	LANGE TO THE	
REQUIRED SIGNATURE:		
	La Starya DASSEE - EM	
Signature of a member or an	authorized representative of a member.	
	P 409/2) Planida Statutes the avanting	
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.)		
that the facts stated herein are t	rue.)	
Jennifer	Garcia	
Typed or pr	rinted 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)