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SECRETARY OF STATE ALLAHASSEE, FLORIOA

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## **COVER LETTER**

Division of Corporations	
SUBJECT: ADELCO LLC	
(Name of Li	mited Liability Company)
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this t	natter to the following:
ALLAN ADELKOPF	
	(Name of Person)
ADELCO LLC	
	(Firm/Company)
3485 ENVIRON BLVD	
	(Address)
LAUDERHILL, FL 333	
	(City/State and Zip Code)
For further information concerning this matter, plants	ease call:
ALLAN ADELKOPF	at ( 954 ) 485-1540
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$125.00 Filing Fee  \$130.00 Filing Fee Certificate of Status	e & S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:	
ited Company" or their abbreviation "LLC	C," or "L.C")
principal office of the Limited L	iability Company is:
Mailing Address:	
3485 ENVIRON BLVD. #307 LAUDERHILL, FL 33319	
ed Office, & Registered Agent sistered Agent. You must designate an indi	
e registered agent are:	
ne	
D., #307 ddress (P.O. Box <u>NOT</u> acceptable)	
FL 33319 c, and Zip	
o accept service of process for the this certificate. I hereby accept city. I further agree to comply with performance of my duties, and I desistered agent as provided for in mature (REQUINED)	the appointment as th the provisions of all am fan <b>ul</b> igr with and
	mailing Address:  3485 ENVIRON BLVD.  #307 LAUDERHILL, FL 33319  ed Office, & Registered Agent istered Agent. You must designate an indicate registered agent are:  e  0., #307 ddress (P.O. Box NOT acceptable)  FL 33319  accept service of process for the intis certificate, I hereby acceptable istered agent as provided for in acture (REQUIRED)

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

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

"MGR" = Ma $"MGRM" = N$	nager Aanaging Member	Name and Address:	
"MGR"	ranaging Member	ALLAN ADELKOPF	
		3485 ENVIRON BLVD., #307	
		LAUDERHILL, FL 33319	
"MGR"		ARLENE ADELKOPF	
		3485 ENVIRON BLVD. #307	
		LAUDERHILL, FL 33319	
	ent if necessary)	La laca of Cities and Control of the	ODTIONAL
CLE V: Effecti effective date is 00 days after the	ive date, if other than to listed, the date must e date of filing.)	he date of filing: (  be specific and cannot be more than five bu	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)