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Effective Date 04/22/08

04/25/08--01023--021 \*\*130.00

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

APR 2 8 2008

EXAMINER

## **COVER LETTER**

	tration Section donor do
SUBJECT: _	ADD3D DEVELOPERS LLC. (Name of Limited Liability Company)
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
<del></del>	Quenia Lopez (Name of Person)
	AD3D Developers LLC, & Firm/Company)
	1755 W. 6th Avenue
	Hialeah, FL 33014 (City/State and Zip Code)
For further info	ormation concerning this matter, please call:
_Que	(Name of Person) at (305) 205-8973 (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
□\$125.00 Filin	rig Fee \$\int_{\text{\$130.00 Filing Fee & }} \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		OB APR
AD3D Devel (Must end with the words "Limited Liabili	ty Gompany, "L.L.C.," or "LLC.")	Ry of State
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
7755 W 6 Ave. Hialeah, FL 33014	7755 W. Le Ave. Hialeah, FL 33014	_ _ _
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are: Effective Date	04/22/08
Thorida street addr	ress (P.O. Box NOT acceptable)	
HIQ Pah, City, State, ar	<u>FL 33014</u> nd Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	nis certificate, I hereby accept the appoint . I further agree to comply with the provi formance of my duties, and I am familiar	ment as isions of all with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	Arcadio Lopez 7755 W. GAVE. Hialeah, FL 33014
	08 APR 25 PM 25 S
(Use attachment if necessary)  ICLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: $4-22-08$ . (OPTIONAL) especific and cannot be more than five business days properties.
90 days after the date of filing.)  REQUIRED SIGNATURE:	
Signature of a member	Unig FOAC or an authorized representative of a member.
(In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution sutes an affirmation under the penalties of perjury erein are true.)
() <u></u>	ed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)