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TILED JUL 28 AMIO:

# COVER LETTER

TO: Registration Section Division of Corporations	•
<sub>SUBJECT:</sub> Adapptable, LLC	
	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Rolando Santos	
	(Name of Person)
Adapptable, LLC	
	(Firm/Company)
738 Horseshoe Falls Drive	
	(Address)
Orlando, FL 32828	
(Ci	ity/State and Zip Code)
For further information concerning this matter, pleas	se call:
Rolando Santos	at ( 407 ) 207-2497
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:
Adapptable, LLC	
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
738 Horseshoe Falls Drive	738 Horseshoe Falls Drive
Orlando, FL 32828	Orlando, FL 32828
	Registered Office, & Registered Agent's Signature: as own Registered Agent. You must designate an individual or another and the state of the state o
The name and the Florida street addre	ss of the registered agent are:
Rolando Sant	tos

Rolando Santos Name

738 Horseshoe Falls Drive

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

Orlando, FL 32828 FL City, State, and Zip

Orty, Otato, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 O8 JUL 28 AH IO: 09
SECRE FARY OF STATE

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

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

MGRM	Rolando Santos
	738 Horseshoe Falls Drive
	Orlando, FL 32828
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other than	the date of filing: August 1, 2008 . (OPTIO)
	st be specific and cannot be more than five business of

### **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.)

## Rolando Santos

Typed 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)