

01/15/2009 1:27 FAX

Division of Corporations

001/001

Page 1 of 1

L090000004874

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000010475 3)))



H090000104753ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BAKER & MCKENZIE
Account Number : 074222002135
Phone : (305) 789-8900
Fax Number : (305) 789-8953

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Admanair LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

09 JAN 15 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 15 AM 8:18

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

<https://efile.sunbiz.org/scripts/efilcovr.exe>

JAN 16 2009

1/15/2009

EXAMINER

(H09000010475 3)

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Admanair 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:

Stewart L. Kasner, Esq.

(Name of Person)

Baker & McKenzie LLP

(Firm/Company)

1111 Brickell Avenue, Suite 1700

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart L. Kasner, Esq.

(Name of Person)

at (**305**) **789-8940**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
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/Courier Address**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(H09000010475 3)

(H09000010475 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Admanair LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**3920 RCA Boulevard, Suite 2001
Palm Beach Gardens, Florida 334103920 RCA Boulevard, Suite 2001
Palm Beach Gardens, Florida 33410**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Phillip Restino

Name

3920 RCA Boulevard, Suite 2001Florida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens, FL 33410

City, State, 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

(H09000010475 3)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 15 AM 8:19

(H09000010475 3)

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:

MGR

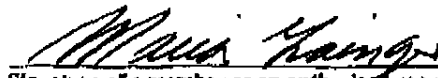
Philip Restino

3820 RCA Boulevard, Suite 2001

Palm Beach Gardens, Florida 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Maria Grainger

Typed or printed name of signer

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)

Page 2 of 2

(H09000010475 3)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 09 JAN 15 AM 8:18