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(Requestor's Name)

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(City/State/Zip/Phone #)

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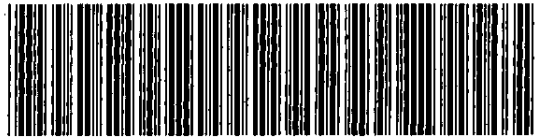
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 16 2009

EXAMINER

## COVER LETTER

**TO: Registration Section**

**Division of Corporations**

**SUBJECT:**

Name of Limited Liability Company: **NEW STANDARD GROUP LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person : Patrick Ade  
Firm/Company : NEW STANDARD GROUP LLC  
Address : 8050 NW 74 Avenue,  
City/State and Zip Code : Miami, FL 33166  
E-mail address: (to be used for future annual report notification): jeanpatrick.ade@gmail.com

For further information concerning this matter, please call:

Name of Person Area Code & Daytime Telephone Number

**Patrick Ade 305-970-2466**

**FILED**  
**10 APR 15 PM 1:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status and Certified Copy

**Mailing Address Street/Courier Address**

Registration Section Registration Section

Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **NEW STANDARD GROUP LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 8050 NW 74 Avenue, Miami Florida 33166

**Principal Office Address: Mailing Address:**

8050 NW 74 Avenue, Miami Florida 33166

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Patrick Ade, 8050 NW 74 Avenue, Miami Florida 33166

*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

**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:**

Patrick Ade of 8373 NW 113 Psge, Doral, FL 33178 (MGRM" = Managing Member)-5%

Robert Deeb of 8050 NW 74 Avenue, Miami, FL 33166 (MGRM" = Managing Member)-20%

Lesly Duret of 14610 SW 99<sup>th</sup> Avenue Miami, FL 33176 (MGRM" = Managing Member)-30%

Benjamin Martineau of 13912 SW 144 Ter, Miami, FL 33186 (MGRM" = Managing Member)-5%

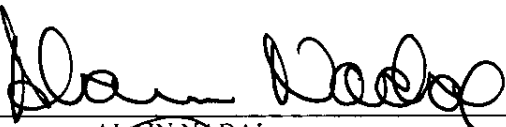

Alain Nadal of 10348 NW 46 Street, Doral, FL 33178 (MGRM" = Managing Member)-20%

Giovanni Riccardi of 11385-F SW 109 Road, Miami, FL 33176 (MGRM" = Managing Member)-20%

**SIGNATURE:**

  
PATRICK ADE  
ROBERT DEEB  
LESLY DURET  
BENJAMIN MARTINEAU

**FILED**  
10 APR 15 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
ALAIN NADAL  
  
GIOVANNI RICCARDI

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.

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10 APR 15 PM 1:23  
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TALLAHASSEE, FLORIDA