110000059659

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(dusiness chary Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WI-24196				

Office Use Only

EFFECTIVE DATE 5/18/10



200180952222

05/17/10--01032--017 **130.00

10 MM/12 PM 3: 52

D. BRUCE

JUN 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2010

CHARLES E. VIRGIN 2700 S.W. 3RD AVE, SUITE 1-B MIAMI, FL 33129

SUBJECT: ADVERLAY, LLC Ref. Number: W10000024196

10 PH 3:

J. D. .

We have received your document for ADVERLAY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 17, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00012525

COVER LETTER

P 30 4

TO: Registration Section Division of Corporations	
SUBJECT: ADVERLAY 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:	
CHAR) ES E. VIRGIN Name of Person	_
ADVERLAY, LLC	
2700 S.W. 3 PAVE Suite 1-B	
2700 S.W. 3 PAVE SUITE 1-B Address MIAMI FL 33129 City/State and Zip Code	10 MAY 1
E-mail address: (to be used for future annual report notification)	P
For further information concerning this matter, please call:	PH 3: 52
CHARIES VIRGIN at (786) 287 906 F. T. Arca Code & Daytime Telephone Number	_ເ ັ້
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is enclosed)	s &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company i	s:	
ADVER LA	ust end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad			
The mailing address	ss and street address of the	principal office of the Limited	Liability Company is:
Principal Office A	Address:	Mailing Address:	
2700 5.u	2.3 × Aue 18	SAME	
MIANC	FL 33129		
(The Limited Liability C business entity with an	ompany cannot serve as its own Reg active Florida registration.) Florida street address of the		
	CHARLES 1	E. VIRGIN	6
	2700 S.w. 3	MAJE 1B	TARY TARY
		idress (P.O. Box <u>NOT</u> acceptable)	THE P IN
	MIAMI, FL City, S	FL 3 31 29	3: 52 STATE
liability compai registered agent ar	ny at the place designated in ad agree to act in this capaci	accept service of process for the this certificate, I hereby accept ty. I further agree to comply w verformance of my duties, and I	the appointment as ith the provisions of all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

EFFECTIVE DATE 5/18/10

ARTICLE I - Name:

ARTICLE IV- Manager(s) or Mana The name and address of each Mana	naging Member(s): ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	KENNETH R. DRZEL 1860 NE. 274 AUE. POMPANO BEACH FL 33062- 3034
MBRA	(HARIES F. VIRGIN 2700 S.W., 39 AUC 1-B WIALII, FL 33129
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	e date of filing: <u>548-10</u> . (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a memb	en 2. Vingin * Ser or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CHAPLE	yped 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)