

L10000087128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

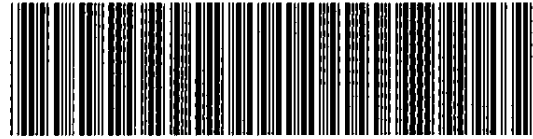
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

EFFECTIVE DATE 8/18/10



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10 AUG 18 PM 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 19 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADRLS 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:

Lisa Pincever

Name of Person

ADRLIS LLC

Firm/Company

6040 NW 96th Drive

Address

Parkland, Florida 33076

City/State and Zip Code

LCILLOPINCEVER@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Pincever

Name of Person

at (954) 752-8321

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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10 AUG 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADRLS 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:

6040 NW 96th Drive

Parkland, Florida 33076

Mailing Address:

6040 NW 96th Drive

Parkland, Florida 33076

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:

Lisa Pincever

Name

6040 NW 96th Drive

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

Parkland

FL 33076

City, State, and Zip

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10 AUG 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lisa Pincever
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 8/18/10

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

Nastasya Pincever

6040 NW 96th Drive

Parkland, Florida 33076

MGR

Tatiana Pincever

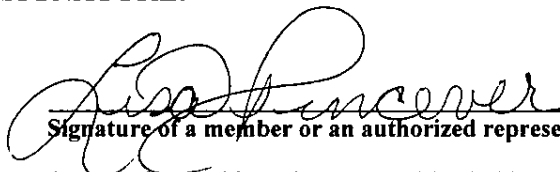
6040 NW 96th Drive

Parkland, Florida 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 18, 2010. (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.)

Lisa Pincever

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)

