

L13 000091037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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JUN 25 2013  
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STATE OF ARIZONA  
SECRETARY OF STATE

2013 JUN 24 AM 11:00

FILED

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**Adaptable Daily Living Solutions LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Lorie Kovcs**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**3340 NE 190th Street Apartment 1404**

\_\_\_\_\_  
Address

**Aventura, Florida 33180**

\_\_\_\_\_  
City/State and Zip Code

**C1ouitc@gmail.com**

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

For further information concerning this matter, please call:

**Cortney Coufitcher**

**989**

**751-0639**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

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

RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32301  
 2013 JUN 24 AM 11:00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Adaptable Daily Living Solutions 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:**

3340 NE 190th Street  
Apartment 1404  
Aventura, Florida 33180

**Mailing Address:**

20533 Biscayne Blvd  
Suite 4-322  
Aventura, Florida 33180

**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:

Law Offices of Sacks & Sacks

Name

1646 Emerson Street Suite B

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

Jacksonville, Florida 32207

FL

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

2013 JUN 24 AM 11:00  
REGISTERED AGENT  
OFFICE OF THE CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

**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

Lorie Koves  
3340 NE 190th Street Apt 1404  
Aventura, FL 33180

MGR

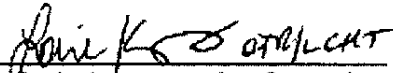
Cortney Couitcher  
1819 SE 17th Street Unit 1201  
Fort Lauderdale, FL 33316

(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:**

Lorie Koves OTRL, CHT



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lorie Koves OTRL, CHT

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)

2019 JUN 24 AM 11:00  
DEPT OF STATE  
FILED