

L13 000091037

(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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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

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