L13000165373

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

Office Use Only



200254009692

11/25/13--01023--010 **125.00

FILED
2013 NOV 25 AM II: 48
SECTION ARY OF STATE
AND ARY OF STATE
ARY OF STATE
AND ARY OF STATE
ARY OF ST

COVER LETTER

TO:	Registration So Division of Co			, man
	ADR Mia			
SUBJ	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of	Organization and fec(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this matt	er to the following:	
	Juan Ramire	z, Jr.		
			Name of Person	
			Firm/Company	
	1200 S. Alha	mbra Circle		
			Address	··
	Coral Gables	s, FL 33146		
			y/State and Zip Code	
	juanramirezia 	w@gmail.com	or future annual report notification)	
F 6	48 i Ca		•	
		oncerning this matter, please		
Juan	Ramirez, Jr.		305 479-0150	
	Name o	f Person	_at ()Area Code & Daytime Telep	hone Number
Enclos	sed is a check fo	r 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	empany is:
ADR Miami LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1200 South Alhambra Circle	1200 South Alhambra Circle

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

Coral Gables FL 33146

(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:

Coral Gables, FL 33146

Juan Ramirez Jr.
Name
1200 South Alhambra Circle
Florida street address (P.O. Box NOT acceptable
Coral Gables, FL 33146
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..

Registèred Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>:</u> R" = Manager RM" = Managi	ng Member	Name and Address:
MGI	· ·		Juan Ramirez, Jr. 1200 South Alhambra Circle Coral Gables, FL 33146
(Use	attachment if n	ecessary)	
TICLE V n effecti to or 9	: Effective date ve date	e, if other than the d, the date must	e date of filing: (OPTIONAL) t be specific and cannot be more than five business day ALLE SEE OF THE
TICLE V n effecti to or 9	: Effective date is liste days after the outred SIGN	e, if other than the d, the date must e date of filing.) ATURE:	t be specific and cannot be more than five business da
TICLE V n effecti to or 9	': Effective date ive date is liste 0 days after the OUIRED SIGN Signature (In accordance on stitutes I am aware	e, if other than the d, the date must date of filing.) ATURE: gnature of a member an affirmation under that any false information.	t be specific and cannot be more than five business da
TICLE V n effecti to or 9	Y: Effective date Ive date is liste O days after the OUIRED SIGN Sign (In accordance constitutes I am aware constitutes	ATURE: an affirmation under that any false information at third degree felong tuan Ramirez, J	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State vas provided for in s.817.155, F.S.) r.
TICLE V n effecti to or 9	Y: Effective date Ive date is liste O days after the OUIRED SIGN Sign (In accordance constitutes I am aware constitutes	ATURE: an affirmation under that any false information at third degree felong tuan Ramirez, J	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State or as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)