

01/29/2032

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**Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From:

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**FLORIDA LIMITED LIABILITY CO.
ADECOMM LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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B. BOSTICK

MAR 20 2014

414000005272

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADECOMM LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing address:

10270 SW 19th STREET
Miami, FL 33165

10270 SW 19th STREET
Miami, FL 33165

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

The name and the Florida street address of the registered agent are:

Name: ISAK WAINER

Florida street address: 10270 SW 19th STREET

City, State and Zip Code: Miami, FL 33165

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 605, F.S.

For further information regarding this matter, please call (305)771-6673 or use email i.wainer@att.net


Registered Agent's Signature

414000005272

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ARTICLE IV

The name and address of each person authorized to manage or control the LLC Company:

Title:

Name and Address:

"AMBR = Authorized Member

"MGR = Manager

MGR

Sergio E Lagana
Arias 1645 1st Fl Apt B, C.A.B.A.
Zip Code: 1429

AMBR

Gabriel Levin
Olazabal 2207 8A C.A.B.A.
Zip Code: 1428

AMBR

Maximo Levin
Ruta Provincial 6, Km 158
La Colina Villas de Campo, UF 61
Lujan, Province of Buenos Aires
Zip Code: 6700

AMBR

Daniel M Burdman
Montevideo 1947 20th Fl Apt C, C.A.B.A.
Zip Code : 1021

ARTICLE V: Effective date, if other than the date of filing: _____

ARTICLE VI: Other provisions, if any:

"The original capital of the Company will be contributed by each AMBR on the basis of 25% for each one"

REQUIRED Signature: 

Signature of a member or an authorized representative of a member

In accordance with Section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the fact 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 817.155, F.S.

Sergio Eduardo Lagana

Typed or printed name of signee

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March 19, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ADECOMM LLC

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, 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 March 18, 2014. 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

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