

44 0000 53411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

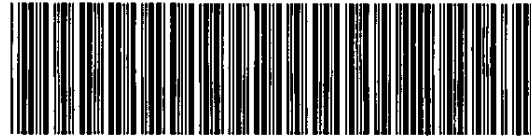
(Business Entity Name)

(Document Number)

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2014 APR 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADELFA INTERNATIONAL GROUP LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**IOAKIM PHILIPPOU**

Name of Person

**ADELFA INTERNATIONAL GROUP LLC**

Firm/Company

**1029 NORTH FLORIDA MANGO ROAD 14**

Address

**WEST PALM BEACH , FL 33409**

City/State and Zip Code

**CHRISC@ENDURANCECM.COM**

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

For further information concerning this matter, please call:

**CHRIS CHRISTODOULOU**                      **561**                      **906-2131**  
Name of Person                      at (                      )                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

ADELFIA INTERNATIONAL GROUP LLC

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

L14000053411

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**THIRD:** Document to be corrected is:  
Authorized Person Detail-Title MNG name  
\_\_\_\_\_

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect statment-(LOAKIM PHILIPPOU)

-The first name(LOAKIM) was misspeld with an (L) INSTEAD of an (I)

Reason-Misspelled

Corrected statement-(IOAKIM PHILIPPOU)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 23 AM 10:47

FILED

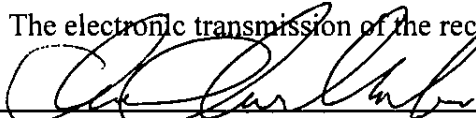
**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.



04/21/2014

Signature of Authorized Representative

Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000053411  
FILED 8:00 AM  
April 01, 2014  
Sec. Of State  
kasaly

**Article I**

The name of the Limited Liability Company is:

ADELFA INTERNATIONAL GROUP LLC

**Article II**

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

1029 NORTH FLORIDA MANGO ROAD  
14  
WEST PALM BEACH, FL. 33409

The mailing address of the Limited Liability Company is:

1029 NORTH FLORIDA MANGO ROAD  
14  
WEST PALM BEACH, FL. 33409

**Article III**

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

CHRIS CHRISTODOULOU  
1029 NORTH FLORIDA MANGO ROAD  
14  
WEST PALM BEACH, FL. 33409

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.

Registered Agent Signature: CHRIS CHRISTODOULOU

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: \*MGR  
SPEEDY DOLLAR 8 CC  
C/O LOAKIM PHILIPPOU 1029 N. FL MANGO 14  
WEST PALM BEACH, FL. 33409

L14000053411  
FILED 8:00 AM  
April 01, 2014  
Sec. Of State  
kasaly

### **Article V**

The effective date for this Limited Liability Company shall be:

04/01/2014

Signature of member or an authorized representative

Electronic Signature: CHRIS CHRISTODOULOU

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.