

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1400005851

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ADA GROUP, LLC**

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

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14 APR -4 PM 3:13

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Electronic Filing Menu

Corporate Filing Menu

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APR -7 2014
J. HARRIS



April 4, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: ADA GROUP, LLC
REF: W14000021562

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.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Jenna D Harris
Regulatory Specialist II

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ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

ADA Group, 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:

Mailing Address:

7300 SW 93rd Avenue, Suite 210
Miami, Florida 33173

7300 SW 93rd Avenue, Suite 210
Miami, Florida 33173

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:

Augusto J. Gil

Name

7300 SW 93rd Avenue, Suite 210

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


miami

City

FL 33173

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company.

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Augusto J. Gil

7300 SW 93rd Avenue, Suite 210

Miami, Florida 33173

Manager

Anthony Seijas

3040 Prairie Avenue

Miami Beach, FL 33140

(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.)

ARTICLE VI: Other provisions, if any.

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 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.)

Augusto J. Gil

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)

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