

L14000058988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

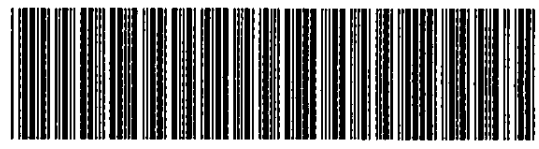
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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04/08/14--01014--008 **160.00

FILED
14 APR - 8 AM 10: 07
TALLAHASSEE, FLORIDA

APR 10 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AdoMobile LLC
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:

Jose B. Rodriguez
Name of Person

Adomobile LLC
Firm/Company

1456 Stargazer Ter.
Address

Sanford, FL 32771
City/State and Zip Code

adomobileofsanford@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose B. Rodriguez at (321) 299-4996
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

Jose B. Rodriguez
1456 Stargazer Ter.
Sanford, FL 32771
April 4, 2014

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

To whom it may concern,

Attached hereto are the executed Articles of Organization and Designation of Registered Agent for AdoMobile, LLC. Also enclosed is the firm's check in the amount of \$160.00 made payable to the Florida Department of State, to cover the required filing fees. Please return to me the Certificate of Status and Certified copy in the enclosed pre-paid Federal Express envelope. If you have any questions call or e-mail me at (321) 299-4996, adomobileofsanford@gmail.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jose B. Rodriguez', with a long horizontal stroke extending to the right.

Jose B. Rodriguez
Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AdoMobile LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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14 APR -8 AM 10:07
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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1456 Stargazer Ter.
Sanford, FL 32771

1456 Stargazer Ter.
Sanford, FL 32771

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:

The Adam Law Firm - Gabriel Adam, Esq.
Name

111 E. Lake Mary Blvd, Suite 107
Florida street address (P.O. Box **NOT** acceptable)

Sanford FL 32773
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jose B. Rodriguez

1456 Stargazer Ter

Sanford, FL 32771

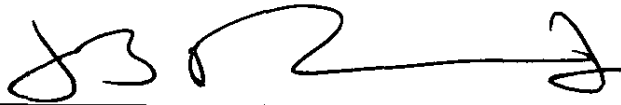
(Use attachment if necessary)

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.)

Jose B. Rodriguez

Typed or printed name of signee

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)