

L15000096469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: adl tees 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:

liam shachar

Name of Person

n/a

Firm/Company

Address

1900 ne 185 ter

City/State and Zip Code

north miami beach , fl. 33179

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

For further information concerning this matter, please call:

liam shachar

305

8967549

at ()

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 Address

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

15 JUN -1 RH10:20

100

adl tes llc

1990

100

Mailing Address:

1900 ne 185 ter

north miami beach , fl. 33179

liam shachar

1900 ne 185 ter

north miami beach

florida

33179

State

Zip

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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:

liam shachar

1900 ne 185 ter

north miami beach

mgr

andrew hinz

3536 ne 168 st unit 307

north miami beach , fl. 33160

mgr

dimitar angelov

400 kings point dr. unit 1128

sunny isles , fl 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-27-2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

liam shachar

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)