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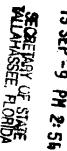
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ČOVER LETTER

TO _j	Registration Section Division of Corporations
cun II	AAD Investors, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David Albalat
	Name of Person
	F: (0
	Firm/Company
	1260 W 62nd Street
	Address
	Hialeah, FL 33012
	City/State and Zip Code
	davidalbalat313@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	David Albalat 305 903-1811 at ()
	Name of Person Area Code Daytime Telephone Number
Englose	ed is a check for the following amount:
	O Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



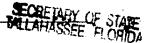
ARTICLE I - Name:

The name of the Limited Liability Company is:

15 SEP -9 PM 2: 56

A .	A Th	Investors,	- 1	<i>'</i>
n	10	IIIVCSIUIS.		-

(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:

_			25 92 4 1 2	
<u>P</u> 1	rincipal Office Address:		Mailing Address:	
14848 SW 9th	14848 SW 9th LN Miami, FL 33194		14848 SW 9th LN Miami, FL 33194	
Miami, FL 331				
	ed Agent, Registered Office,			
imited Liability Cor		Registered Age	ent. You must designate an individual o	
r business entity wi	ith an active Florida registratio	n.)	-	
r business entity wi	th an active Florida registratio	on.)	-	
Ť		•	-	
Ť	ith an active Florida registrationstreet address of the registered	•	-	
Ť		•		
·	street address of the registered	•		
·	street address of the registered	agent are:		
·	street address of the registered Abel Hernandez	agent are:	'I' acceptable)	
·	street address of the registered Abel Hernandez 14848 SW 9th LN	agent are:	PT acceptable) 33194	

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 proxided for in Chapter 605, F.S..

istered Agent's Signature (REQUIRED

Page 1 of 2

(CONTINUED)

j	Title:		Name and Address:	15 SEP -9	PM 2: 54
	'AMBR" = Authorized	Member		Economic and	
4	'MGR" = Manager			SELECT ANY	OF STAFE
]	MGR	_	David Albalat	MALLANIASSEE	FLORIDA
			1260 W 62nd Street		
			Hialeah, FL 33012		<u></u>
1	AMBR		Abel Hernandez		
_		-	14848 SW 9th Lane		
			Miami, FL 33194		-
,	AMBR		Alfred Cardonne		
_		_	7280 NW 174 Terr. # 201		
			Hialeah, FL 33015		
-		-			- -
					_
(Use attachment if nece	ecany)			
,	Ose attachment if nece	,33ur y)			
ARTICLE	EV: Effective date, if of	ther than the date of filing:		(OPTIONAL)	
,	•	date must be specific and	d cannot be more than five busine	ss days prior to or :	90 days after
the date o					
		s block does not meet the a the Department of State':	applicable statutory filing requirement	ents, this date will r	not be listed as
the docum	nem s effective date of	tule Departition of State :	s records.		
ARTICLE	E VI: Other provisions,	if any.			
	<u> </u>		······································		
ī	REQUIRED SIGNAT	TURE	· 0-		
	SIGNA				
		Mul	Y		_
	S	ignature of a member or	an authorized representative of	a member.	
			cordance with section 605.0203 (1)		
	i am av constitu	vare that any raise informatives a third degree felony a	ition submitted in a document to the as provided for in s.817.155, F.S.	Department of Star	i c
		David Al	halat		
	•	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)

Salah Cara

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)