

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000114531

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000146312 3)))



H160001463123ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

16 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

RECEIVED

16 JUN 15 PM 38

16 JUN 15 AM 9:28

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.

ADMON ASSISTANCE, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

JUN 16 2016

T. SCOTT

H16000146312

**ARTICLES OF ORGANIZATION
OF
ADMON ASSISTANCE, L.L.C.**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: ADMON ASSISTANCE, L.L.C.

ARTICLE I.

NAME

The name of the Limited Liability Company shall be
ADMON ASSISTANCE, L.L.C.

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be 321 HAYES STREET APT 7, HOLLYWOOD, FL. 33019.

16 JUN 15 AM 9:28

CLERK OF COURT
DIVISION OF REPT. SERVICES

H16000146312

H16000146312

ARTICLE III.

DURATION

The period of duration for the Limited Company shall be perpetual.

ARTICLE IV.

PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V.

MANAGEMENT

This Limited Liability Company shall be managed by two Authorized Members and the name and address of the Authorized Members are:

ROXANNA N. ROMERO

321 HAYES STREET APT. 7, HOLLYWOOD, FL. 33019.

FREDDY L. ROMERO

321 HAYES STREET APT. 7, HOLLYWOOD, FL. 33019.

H16000146312

H16000146312

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

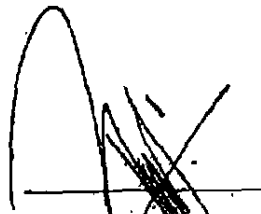
1. The name of the Limited Liability Company is:

ADMON ASSISTANCE, L.L.C.
321 HAYES STREET APT. 7
HOLLYWOOD, FL. 33019.

2. The name and address of the registered agent and office is:

ROXANNA. ROMERO
Name
321 HAYES STREET APT. 7,
(P.O. Box or Mail Drop NOT acceptable)
HOLLYWOOD, FL. 33019.
(City/State/Zip)

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



SIGNATURE

ROXANNA N. ROMERO

DATE 06/11/2016

H16000146312