

L/6000/22530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*2X

<00167, 06209>

Office Use Only



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FILED
JUL 1 2016
JUL 1 2016

L/6-038869

07/01/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2016

ANTHONY LEONARDO
8985 S. EASTERN AVE. #210
LAS VEGAS, NV 89123

*** 2ND CORRECTION ***

SUBJECT: AIRPADS OF FLORIDA LLC
Ref. Number: W16000038869

RECEIVED
JUN 15 2016
TALLAHASSEE, FLORIDA

16 JUN 28 PM 3:42

We have received your document for AIRPADS OF FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00011163



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2016

ANTHONY LEONARDO
8985 S. EASTERN AVE. #210
LAS VEGAS, NV 89123

SUBJECT: AIRPADS OF FLORIDA LLC
Ref. Number: W16000038869

We have received your document for AIRPADS OF FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00011163

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AirPads of Florida 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:

Anthony Leonardo

Name of Person

AirPads Inc.

Firm/Company

8985 S. Eastern Ave. #210

Address

Las Vegas NV 89123

City/State and Zip Code

accounting@airpads.com

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

For further information concerning this matter, please call:

Anthony Leonardo

888

608-2220

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

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



AirPads Inc.
8985 S. Eastern Ave. Suite 210
Las Vegas, NV 89123
www.airpads.com

June 21, 2016

To: Florida Department of State

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

RE: W16000038869 | ***2ND CORRECTION***

To: whom it may concern;

Per your letter #416A00011163 we have made the 2ND correction, please find the updated information.

Thank you,

Anthony Leonardo
AirPads Inc.
702-988-4242 X1002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AirPads of Florida 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:

429 Lenox Ave.

Miami Beach FL 33139

Mailing Address:

8985 S. Eastern Ave. #210

Las Vegas NV 89123

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:

Florida Registered Agents LLC

Name

3030 N. Rocky Point DR. Suite 150A

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

Tampa

FL

33607

City

State

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)

15 JUN 28 AM 9:11

FILED
JUN 28 2015
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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:

AirPads Inc.

8985 S. Eastern Ave. Suite 210

Las Vegas NV 89123

(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.)

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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Anthony Leonardo

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)

FILED
SECRETARY OF STATE
16 JUN 28 AM 9:41