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TO: Registration Section Division of Corporations	17 JAN 23	PH 3:53
	SEURLTARY TALLAHASSE	CH STATE E. FLORIDA
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:		
Bilikiso Adelotan		
Name of Person		
AD WOtors CC C		-
Firm Company		
2620-5 West Tennessee	S+	
Address		
Tallahassee, for 3230	4	_
City/State and Zip Code	C 0 1/1	
E-mail address: (to be used for future annual report notification)	OVI	-
For further information concerning this matter, please call:		
Bilikiso Adelotauar (850) 345-33		
Name of Person Area Code Daytime Telephone Number	r	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Cert (additional copy is enclosed) Certified	0.00 Filing Fee, ificate of Status of the Copy on all copy is enchanged.	

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:

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Page 1 of 2

Title:	Name and Address:	17 JAN 23	PM 3: 53
"AMBR" = Authorized Member "MGR" = Manager M (>)	Bilikiso 2620-5 79 Mahasse	Adelotalhanasse West Tennessee e, FC 3230/	E, FLORIDA
·····	4		
(Use attachment if necessary)			
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CLE VI: Other provisions, if any.	~ .	-5061408	
REQUIRED SIGNATURE:			
Zillin	ACOL		
This document is execute I am aware that any false	nber or an authorized represented in accordance with section 605.0 information submitted in a docume felony as provided for in s.817.15.	0203 (1) (b), Florida Statutes. ent to the Department of State	
	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)