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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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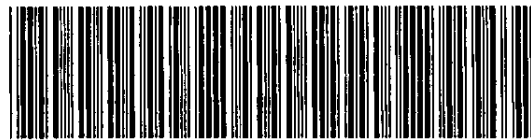
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2017 APR -4 AM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 6 2017
C Kinsey

March 28, 2017

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

RE: ARTICLES OF ORGANIZATION
AND LATINOAMERICA L.L.C.

To Whom It May Concern:

Attached please find the following documents:

1. A copy of a cover letter with the Articles of Organization executed.
2. One check made payable to Florida Department of State for \$130 Filing fee and Certificate of Status for Articles of Organization and Designation of Registered Agent.
3. A self addressed, stamped envelope for return of the documents.

Please process the above request and return. Contact me if any questions.

Sincerely,



Marta Luisa Rivas.

joseablertogt@hotmail.com

Cell: 305-987-1103

Enclosures: as stated

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ADN LATINOAMERICA, L.L.C.

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:

MARTHA LUISA RIVAS

Name of Person

ADN LATINOAMERICA, L.L.C.

Firm/Company

4007 N. CYPRESS DR. APT #202

Address

POMPANO BEACH, FLORIDA 33069

City/State and Zip Code

josealbertogt@hotmail.com

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

For further information concerning this matter, please call:

MARTHA LUISA RIVAS

305

987-1103

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADN LATINOAMERICA, L.L.C.

(Must contain 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:

4007 N. CYPRESS DR. APT #202
POMPANO BEACH, FL 33069

Mailing Address:

4007 N. CYPRESS DR. APT #202
POMPANO BEACH, FL 33069

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:

MARTHA LUISA RIVAS

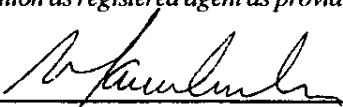
Name

4007 N. CYPRESS DR. APT #202

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

<u>POMPANO BEACH</u>	<u>FL</u>	<u>33069</u>
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)

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TALLAHASSEE, 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:

JOSE ALBERTO GONZALEZ TRIANA

4007 N. CYPRESS DR. APT #202

POMPANO BEACH, FL 33069

"AMBR"

MARTHA LUISA RIVAS

4007 N. CYPRESS DR. APT #202

POMPANO BEACH, FL 33069

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

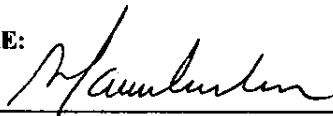
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The organization may conduct any lawful business.

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.

MARTHA LUISA RIVAS

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)