

# L19000269051

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : RIVEROS CORP.  
Account Number : T20190000048  
Phone : (305)507-8464  
Fax Number : (954)533-1785

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
ADOMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$128.00

NOV 12 2019

I. SCOTT

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Corporate Filing Menu

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STATE OF FLORIDA  
FALL 2019

2019 NOV - 8 AM 10:53

FILED



November 7, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RIVEROS CORP.

SUBJECT: ADOMA LLC  
REF: W19000098321

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H19000326997  
Letter Number: 519A00023006

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**COVER LETTER**

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

**SUBJECT:** ADOMA 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:

MONICA GODOY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1820 N CORPORATE LAKES BLVD. STE 204

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

germanrojas01@yahoo.com

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

For further information concerning this matter, please call:

MONICA GODOY

954

655-8281

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADOMA LLC

(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:**

**Mailing Address:**

1820 N CORPORATE LAKES BLVD, STE 204  
WESTON, FL 33326

**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:

MONICA GODOY

Name

1820 N CORPORATE LAKES BLVD, STE 204

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

WESTON

FL

33326

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)

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STATE OF FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

MGR

**Name and Address:**

MONICA GODOY

1820 N CORPORATE LAKES BLVD, STE 204

WESTON, FL 33326

MGR

GUSTAVO ADOLFO GODOY

1820 N CORPORATE LAKES BLVD, STE 204

WESTON, FL 33326

MGR

LILIANA MARIA GUERRERO

1820 N CORPORATE LAKES BLVD, STE 204

WESTON, FL 33326

(Use attachment if necessary)

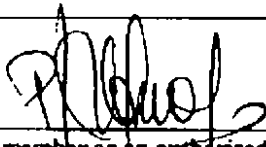
**ARTICLE V:** Effective date, if other than the date of filing: 11/05/2019 (OPTIONAL)

(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.

MONICA GODOY

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)

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