## L20000120988

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

**New Filing Section** 

Tallahassee, FL 32314

TO:

D	Division of Co	porations						
CURICO		t Technology Ll	LC					
SUBJECT	Name of Limited Liability Company							
The enclos	sed Articles of	Organization and	i fee(s) are	: submitte	d for filing.			
Please retu	ırn all correspo	ondence concerni	ng this ma	tter to the	following:			
	Adly H. Moi	ndestin						
				Name o	f Person			_
		<del></del>		Firm/C	ompany		·-,	202
	3714 N 52n	d Street			<b>-</b>			9 <b>15.</b> Y
				Ado	ress		<u></u>	- 1
	Tampa Flor	ida 33619						P 2
	amondestin@			-	nd Zip Code			9.06
		E-mail address: (t	o be used	for future	annual report notificat	ion)		_
For further i	information co	ncerning this mat	ter, please	call:				
	Adly H. Mon	destin	81 at (	3	820-1960 )			
	Nam	e of Person	Aı	rea Code	Daytime Telephon	ne Number		
Enclosed i	s a check for the	ne following amo	unt:					
□\$125.00	) Filing Fee	□\$130.00 Fili Certificate of		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 l Certificate of Certified Co (additional co	of Status & opy	&
	New F Division	g Address iling Section on of Corporation ox 6327	ıs		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	ass <b>ee</b>		

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Admonsoft Technology	LLC		
(Must con	tain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street a	address of the principal office	of the Limited Liability Company is:	
Princip	oal Office Address:	Mailing Address:	
3714 N 52nd Street		3714 N 52nd Street	
Tampa Florida 33619		Tampa Florida 33819	
The Limited Liability Compan	y cannot serve as its own Reg		
The Limited Liability Companinother business entity with an	y cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an individual o	
The Limited Liability Companance business entity with an	y cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an individual o	
The Limited Liability Companance business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age	istered Agent. You must designate an individual on the state of the st	
ARTICLE III - Registered Ag (The Limited Liability Compan, another business entity with an The name and the Florida street	y cannot serve as its own Reg active Florida registration.) address of the registered age Adly Hamkin Mondestin	istered Agent. You must designate an individual o	

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..

Tampa

City

Florida

State

Registered Agent's Signature (REQUIRED)

33619

Zip

(CONTINUED)

020 MAY - L PH 2: 06

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	.oer
WIOK - Wallager	
AMBR	Adly H. Mondestin
	3714 N 52nd Street Tampa Florida 33619
	тапфа гюнца 33019
(Use attachment if necessary	)
TOLOR DAY, PAGE ALL SERVICE AND ADDRESS	han the date of filing: (OPTIONAL)
an effective date is listed, the date date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after k does not meet the applicable statutory filing requirements, this date will not be listed a
TICLE VI: Other provisions, if any	·
<u>REOUIRED</u> SIGNATURE	: Petty ( )
Signat	ure of a member or an authorized representative of a member.
This docume	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware t	hat 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.
AħI∨ ⊦	AMKIN MONDESTIN
<u> 2011                                  </u>	Typed or printed name of signee

as

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)