L20000127491

(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:			

Office Use Only



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2020 WAY 15 AM 10: 23

REVESTED 2920 MAY 15 PH 1: 30

. 15 2020 Yes

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/15/2020				**WALK IN**
ENTITY NAME PR	ADAS GLOW LLC			
	· · · · · · · · · · · · · · · · · · ·		····	
DOCUMENT NUMB	ER			
	PLEASE FILE T	THE ATTACHED AND RETU	URN	
XXXX	Plain Copy	1-2	Filing	
	Certified Copy Certificate of Status	F; 1e	First	
·· · · · · · · · · · · · · · · · · · ·	Certified Copy of Ar Certificate of Good S			
	APOSTILLE'/	NOTARIAL CERTIFICAT	TION	
COUNTRY OF DESTI NUMBER OF CERTIN	INATION FICATES REQUESTED			<u> </u>
TOTAL OWED \$125.00		ACCOUNT # 12014000 United Corporate Services, Inc.	00108 Keithy	Impul
Please call Tina i	at the above number for		s. Thank you so	much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

tain the words "Limited Lia ddress of the principal office al Office Address: 4E 3140	ce of the Limited		
a <mark>al Office Address</mark> : 4E			
4E	5600	Mailing Address:	
	5600	•	
3140		5600 Collins Ave, 14E	
	Mia	Miami Beach, FL 33140	
9200 South Dadeland B	lvd., Ste. 508		
Miami	FL	33156	
City	State	Zip	
, I hereby accept the appoin rovisions of all statutes relat	tment as registere ting to the proper		
	y cannot serve as its own Reactive Florida registration.) address of the registered ag United Corporate Service 9200 South Dadeland B Florida street address (I Miami City agent and to accept service Thereby accept the appoin	City State agent and to accept service of process for the A hereby accept the appointment as register	

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR = Wanager	Kristyn Pradas		
	5600 Collins Avc. 14E		
	Miami Beach, FL 33140		
			
(Use attachment if necessary)			
the date of filing.)	the date of filing:		
•	ariment of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:,			
4	thousand		
Signature	of a member or an authorized representative of a member.		
I am aware that	is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.		
i ノク	(CT) 1.1 DO ACAS		
-tik	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 Storage (Optional)

\$ 5.00 Certificate of Status (Optional)