

10/19/2020

Division of Corporations

L20000323259  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC  
Account Number : I20200000102  
Phone : (954)998-1035  
Fax Number : (954)573-1480

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

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

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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
ADA CLEAN BRILLIANT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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OCT 21 2020



October 20, 2020

FLORIDA DEPARTMENT OF STATE

SOSME ACCOUNTING & TAX SERVICES LLC  
Division of Corporations

SUBJECT: ADA CLEAN BRILLIANT LLC  
REF: W20000121205

We have received your document for ADA CLEAN BRILLIANT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

WILLIAM LAWRENCE  
Regulatory Specialist II

FAX Aud. #: H20000363210  
Letter Number: 920A00020748

H200003632103

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ADA CLEAN BRILLIANT 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:

ADA MARIA VAZQUEZ DE LA CRUZ

Name of Person

ADA CLEAN BRILLIANT LLC

Firm/Company

7958 PINES BLVD APT 507

Address

PEMBROKE PINES FL 3302

City/State and Zip Code

MSOLAN1015@GMAIL.COM

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

For further information concerning this matter, please call:

ADA MARIA VAZQUEZ

954

661-5207

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H200003632103

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ADA CLEAN BRILLIANT 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:7958 PINES BLVD APT 507PEMBROKE PINES FL 33024

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ADA MARIA VAZQUEZ DE LA CRUZ

Name

7958 PINES BLVD APT 507Florida street address (P.O. Box **NOT** acceptable)PEMBROKE PINESFL33024

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.*

ADA MARIA VAZQUEZ DE LA CRUZ

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

**Name and Address:**

MANAGER

ADA MARIA VAZQUEZ DE LA CRUZ

7958 PINES BLVD APT 507

PEMBROKE PINES FL 33024

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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ALLAHSEE, FLORIDA

FILED

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

ADA MARIA VAZQUEZ DE LA CRUZ

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.

ADA MARIA VAZQUEZ DE LA CRUZ

Typed or printed name of signer

**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)