L22000061245

((Requestor's Name)
-	(Address)
,	Audiess)
	(Address)
	(6): (9)
•	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
· ·	
	(Document Number)
Certified Conies	Certificates of Status
Special Instructions to	Filing Officer:
·	-





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SECRETARY OF STATE

2022 FEB 15 PM 3: 09

Incorporating Services, Ltd.

incserv^o.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DA	TE 2/15/2022

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 1000911

ORDER ENTITY______ADAPTIVE LABS LLC

NI PACE DEDECTOR THE EAL	LOWING CEDVICES:
PLEASE PERFORM THE FOL	LOWING SERVICES.
ADAPTIVE LABS LLC (F!	L)
	<u></u>

New LLC filing

NOTES:_____

\$125.00 Authorized

Email address for annual report reminders: shelems@sundocfilings.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 15, 2022 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILEO	6
SECRETARY OF STATE	

ARTICLE I - Name:	
The name of the Limited Liability Company is	i:

2022 FEB 15 AM 8: 05 1

ADAPTIVE LABS			
(Must con	tain the words "Limite	ed Liability Com	pany, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street	address of the princips	al office of the Li	mited Liability Company is:
Princip	oal Office Address:		Mailing Address:
23150 Fashion Driv Estero, FL 33928	e Suite 232		23150 Fashion Drive Suite 232 Estero, FL 33928
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its o active Florida registra	wn Registered A ation.)	l Agent's Signature: gent. You must designate an individual or
	Steve Wand		<u> </u>
		Name	
	23150 Fashion Dr	ive Suite #232	
	Florida street add	ress (P.O. Box <u>N</u>	OT acceptable)
	Estero	FL	33928
	City	State	Zip
place designated in this certificate further agree to comply with the p	e. I hereby accept the corovisions of all statute	appointment as re as relating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Steve wand 23150 Fashion Drive, Stc 232 Esero, Fr. 32928	
	2022 FE	HOLD!/AR
····	B 5 A	JE COSPALIO
	CDD .	
(Use attachment if necessary)		ATION S
TICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does r	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste	
RTICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste	
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Ontional)