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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 : Vcorp Services, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3598

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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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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2022 JUN -1 PM 3:47
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
ADBRDL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADBRDL 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:

7314 Swallow Run

Winter Park, FL 32792

Mailing Address:

7314 Swallow Run

Winter Park, FL 32792

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:

Registered Agents Inc.

Inc

7901 4th St N STE 300

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

St. Petersburg

FL

33702

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 his 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, FS



Bill Havre

Registered Agent's Signature **REQUIRED**

(CONTINUED)

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ALLIANCE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

CFO

JULIAN ANDRES GALVEZ JARAMILLO

7314 Swallow Run, Winter Park, Florida 32792

COO

LISETH ALEJANDRA PRADO VALENCIA

7314 Swallow Run, Winter Park, Florida 32792

CFO

LUZ JENNY BETANCOUR CANGA

7314 Swallow Run, Winter Park, Florida 32792

(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.

Manager-Managed Company: The Company is to be managed by managers of the Company. The initial managers authorized to manage the Company are the persons listed in Article IV of this Articles of Organization.

REQUIRED SIGNATURE:

Jose Sanchez

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.

JOSE SANCHEZ, authorized representative of Members

Typed or printed name of **signe**

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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