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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 : EXPERTAX
Account Number : 128280000010
Phone : (407)777-7478
Fax Number : (321)225-9743

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ADASOLES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 Sep 23 PM 12:27

22 SEP 23 PM 12:35
FILED
TALLAHASSEE, FLORIDA

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Handwritten mark

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADASOLES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

JAIME ARIAS LIZCANO

Name of Person

Firm/Company

4222 GUMBO LIMBO DR

Address

ORLANDO, FL 32822

City/State and Zip Code

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

For further information concerning this matter, please call:

JAIME ARIAS LIZCANO

407

777-7470

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is made for the following amount:

including:

\$125.00 Filing Fee

Ask for Form

\$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

FILED
SEP 23 2022
TALLAHASSEE, FL
STATE OF FLORIDA

22 SEP 23 PM 12:35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADASGLES, 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:

4222 GUMBO LIMBO DR
ORLANDO, FL 32822

4222 GUMBO LIMBO DR
ORLANDO, FL 32822

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:

JAIME ARIAS LIZCANO

Name

4222 GUMBO LIMBO DR

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

ORLANDO

FLORIDA

32822

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity and 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 695, F.S.

Name of Person

Daytime Telephone No.

JAL

Registered Agent's Signature (REQUIRED)

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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

MGR

JAIME ARIAS LIZCANO
4222 GUMBO LIMBO DR
ORLANDO, FL 32822

(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 SIGNATURES

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.6203 (1) (b), Florida Statutes, and 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.

JAIME ARIAS LIZCANO

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

22 SEP 23 PM 12:35

FILED

RECEIVED

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)

\$125.00