Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000041685 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page

To:		
	Divisior of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number : I20000000146 Phone : (305)444-4994	
	Fax Number : (305)328-4774	
	, ,	
ar	the email address for this business entity to be used for futu- inual report mailings. Enter only one email address please.**	ıre
ar		ure
ar	FLORIDA LIMITED LIABILITY CO. ADCAMILLC	ure
ar	FLORIDA LIMITED LIABILITY CO.	
ar	FLORIDA LIMITED LIABILITY CO. ADCAMI LLC	ure
ar	FLORIDA LIMITED LIABILITY CO. ADCAMI LLC Certificate of Status 0	ıre
ar	FLORIDA LIMITED LIABILITY CO. ADCAMI LLC Certificate of Status 0 Certified Copy 1	. -

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADCAMILLC (Must co	ontain the words "Limited Lishil	ity Company, "L.L.C.," or "LLC.")
Ç-1-40 V	THE WORLD CHIMICO CAROLI	my company, tallion, or life.
ICLE II - Address:		
nziling address and stree	st address of the principal office of	of the Limited Liability Company is:
Prins	inal Office Address:	Malling Address
12905 SW 42 ST		
STE 210		SAME
	5	

et address of the registered agent are:

EXPRESS CORPORATE FILING SERVICE, INC.

Name

12905 SW 42 ST STE 210

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

MIAMI FL 33175

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 ubligations of my position as pegistered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (KEQUIRED)

(CONTINUED)

...

ARTICLE I	٧	٠
-----------	---	---

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	BLAS ANTONIO HERRERA PEREZ 12905 SW 42 ST STE 210 MIAMI, FL 33175
AMBR	MILAGROS PUCHE DE HERRERA 12905 SW 42 ST STE 210 MIAMI, FL, 33175
AMBR	BLAS ALEJANDRO HERRERA MOSQUERA 12905 SW 42 ST STE 210 MIAMI, FL, 33175
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing: ceffic and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a of State's records
ARTICLE VI: Other provisions, if any.	
	110
<u>REOUTRED</u> SIGNATURE;	7.7
This document is execu I am aware that any fals	ember or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State a felony as provided for in 6.817.155, F.S.
BLAS ANTONI	O HERRERA PEREZ
	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 Status (Optional)