Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000034973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20009000146

Phone : (305)444-4994 Fax Number : (305)328-4774

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. AJL UNLIMITED LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AD UNLIMITED LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing acdress and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2770 WEST 71 PL	SAME
HIALEAH, FL 33016	

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:

ALBERTO J LOPI	<u> </u>	
	Name	
2770 WEST 71 PL		
Florida street addr	ess (P.O. Box <u>NOT</u> acce	piable)
HIALEAH	FLORIDA	33016
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 capacitys 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..

Registered Agent's Signature (REQUIRED)

15

4	D	т	ı	•	ſ	Æ	1	١.	٠
7.	л		4	v	L	46.	ı	٠,	

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	
~	ALINERTO LL ORET
AMBR	ALBERTO J LOPEZ 2770 WEST 71 PL
	HIALEAH, FL 33016
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: 01/25/2024 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
A Jopen	
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State area felony as provided for in s.817.155, F.S.
<u>ALBERTO J I</u>	OPEZ
· · · · · · · · · · · · · · · · · · ·	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)