# 124000088796

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Office Use Only



800424290948

2024 FEB 21 PH 12: 10 SECRETARY OF STATE TALLANASSEE. FL

124 FEB 21 PM 3:

( A

RECEIVED

(850) 524-624	
Please use funds from this acco Authorization Signature: Adjamm, LLC	
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Certified copy of articlesX_ Certificate of Status  NEW FILINGS	AMMENDMENTS
ProfitNot for ProfitXLimited LiabilityDomesticationOtherCORPLLLP OTHER FILINGS	Amendment  Resignation of R.A. Officer/Direct  Change of Registered Agent  Dissolution/Withdrawal  Merger  Conversion  PECISTERATION/OHALIEICATION®
Annual Report	REGISTERATION/QUALIFICATIONS  Foreign filing Limited Partnership Reinstatement  Reinstatement

EXAMINER'S INITIALS:\_\_\_\_

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437	INC
Please use funds from this account: 1202 Authorization Signature: Adjamm, LLC Business	21000160: \$160.00 Document #
Walk in	Pick up time
Mail out	Will wait
X Certified copy of articles	
_X_ Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
ProfitNot for ProfitX_Limited LiabilityDomesticationOtherCORPLLLP OTHER FILINGSAnnual ReportFictitious Name	Amendment  Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawnth Registered Agent Merger Conversion REGISTERATION/QUALIFICATIONS Foreign filing Limited Partnership Reinstatement
APOSTIL	Other

EXAMINER'S INITIALS:\_\_\_\_

## COVER LETTER

	New Filing Sec Division of Cor								
CUBICA	nego.		ADJ	IAMM, L	LC				
SUBJEC	·1:	Nam	e of Lim	ited Liabi	lity Company		_		
The enclo	osed Articles of	Organization and f	ee(s) are	submitte	d for filing.				
Please re	turn all correspo	ndence concerning	this ma	tter to the	following:				
			£	ALEX MO	ONTERO				
				Name o	f Person				
			į	ADJAMM	I, LLC				
				Firm/C	ompany	<del></del> .		<del></del>	
			4133 N	W 81ST 7	TERRACE				
				Add	ress			_	
		C	ORAL:	SPRINGS	, FL 33076				
				•	nd Zip Code		<u> </u>	_	
				thepennte				_	
	I	E-mail address: (to	be used	for future	annual report notificat	ion)			
For further	information co	ncerning this matte	r, please	call:			SE TE	202	
	ALEX	MONTERO	at (	954	415-6899		ALLA CRET	2024 FEB 2 I	
	Nam	e of Person	Aı	ea Code	Daytime Telephon	e Number	HAS	2	(Fallyn)
Enclosed	is a check for the	ne following amour	nt:				OF ST	:21 Hd	
□\$125.0	00 Filing Fee	□\$130.00 Filing Certificate of Sta		Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certifica Certified	00 Filing Forter of Status I Copy I copy is end	æ. æ.	

# 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

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

<del></del>		MM, LLC	
(Must cont	nin the words "Limited Li	ability Company,	"L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal off	ice of the Limited	Liability Company is:
Principa	al Office Address:		Mailing Address:
4133 NW 81ST TER	RACE	413	3 NW 81ST TERRACE
CORAL SPRINGS, I	FL 33076	COL	RAL SPRINGS, FL 33076
(The Limited Liability Company another business entity with an a	cannot serve as its own R active Florida registration, address of the registered a	egistered Agent. \ ) gent are:	You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Rective Florida registration, address of the registered a	egistered Agent." )	You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Rective Florida registration. address of the registered a	egistered Agent. ' ) gent are: X.A. MONTERO	You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Rective Florida registration. address of the registered a	egistered Agent. ( ) gent are: X.A. MONTERO Name W \$1ST TERRAC	You must designate an individual or
(The Limited Liability Company another business entity with an a	ecannot serve as its own Rective Florida registration, address of the registered a  MA  4133 NV	egistered Agent. ( ) gent are: X.A. MONTERO Name W \$1ST TERRAC	You must designate an individual or
another business entity with an a	cannot serve as its own Rective Florida registration.  address of the registered a  MA  4133 NV  Florida street address (  CORAL SPRINGS  City	egistered Agent. (1) gent are: X.A. MONTERO Name W 81ST TERRAC P.O. Box NOT ac FL State	You must designate an individual or  DE  Cceptable)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	MAX A. MONTERO 4133 NW 81ST TERRACE CORAL SPRINGS, FL 33067
(Use attachment if necessary)	
, , , , , , , , , , , , , , , , , , , ,	
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not not a series of the date inserted in this block does not a series.	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
CLF. V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not necument's effective date on the Department	ecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not necument's effective date on the Department	neet the applicable statutory filing requirements, this date will not be lot State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)  If the date inserted in this block does not nonument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed any false.	neet the applicable statutory filing requirements, this date will not of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)