1970 B.

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.

(((H24000377145 3)))



H240003771453ABC0

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 FILINGS INC has

Account Number : 120220000042

Phone : (786)370-2432

Fax Number

: (786)866-6349

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

Email Address: manoloian2004@yahoo.com

FLORIDA LIMITED LIABILITY CO. ADILAY CLEANERS & RECYCLING SERVICES LLC

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

[1.] C

Electronic Filing Menu Corporate Filing Menu

Help

∵ }

(((H24000377145 3))) @

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
--------	-------	-------

, interior Griffi

The name of the Limited Liability Company is:

ADILAY CLEANERS & RECYCLING SERVICES LLC

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

ARTICLE II - Address:

 $H_{\mathcal{D}N}$

 $\Sigma_{\rm O}$

71,

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

Principal Office Address:

Mailing Address:

 cep HIALEAH FL 33018

2993 W 80TH ST#APT 3 ° HIALEAH FL 33018

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:

BORGES DIAZ, ADISLEY

Nam

2993 W 80TH ST APT 30

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

HIALEAH

EI - 2 2203

34

11

City

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 obligations of my position as registered agent as provided for in Chapter 605, F.S.

adisiey Borges Diax (Nov 13, 2024-12/36 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 NOV | 14 PK | 2: 4

. U. :

1 ;

	τω ⁻	(((H240	003771	L45 3)))	-	· <u>-</u> - ·	-
	ARTICLE I				4	5!	Liability Co	mpan	y:
	Title: "AMBR" = A	Authorized Mem	lber			nd Address	Li.		
	"MGR" = Ma	_			BORGES: E	DIÄZ. AD	ISLEY	() .	
	AM	DN			2993 W 8			·:	i.
						H:FL 330		. ; ·	• •
15 1					٠, ٦	177			
ETICI	F V1								
	<u> </u>							· ;	
								· · · · ·	
	7 7						-		
					•				
	<u> </u>				. :	ካ ፤ (ገ			<u> </u>
					. 1.)	9.7			
an efi e date	LE V: Effective date is of filing.)	ent if necessary) re date, if other the listed, the date	han the date of must be specif	ic and cannot		five busine		r to a	-
an eff e date ote: I e docu	LE V: Effective date is of filing.) f the date insement's effection	re date, if other the listed, the date rted in this block we date on the D	han the date of a must be specific to does not mee Department of S	fic and cannot in the applicable	be more than statutory filin	five busines	s days prid	r to a	-
an effectate docu	LE V: Effective date is of filing.) f the date insert ins	e date, if other the date	han the date of a must be specific to does not mee Department of S	fic and cannot in the applicable	be more than statutory filin	five busines g requirement	ss days prid	or to a	-
an effe date ote: I e docu	LE V: Effective date is of filing.) f the date insement's effection	re date, if other the listed, the date rted in this block we date on the D	han the date of a must be specific to does not mee Department of S	fic and cannot in the applicable	be more than statutory filin	five busines	ss days prid	r to a	-
an effect date of the document	LE V: Effective date is of filing.) f the date insertment's effection. E VI: Other p	re date, if other the listed, the date rted in this block we date on the D	must be specific does not mee Department of S	fic and cannot in the applicable	be more than statutory filin	g requirem	ss days prid	or to a	-
an effect and effect a	LE V: Effective date is of filing.) f the date insertment's effection. E VI: Other p	re date, if other the listed, the date ated in this block we date on the D rovisions, if any. SIGNATURE:	han the date of must be specific does not mee Department of S	fic and cannot in the applicable State's records.	be more than statutory filin	g requirement	ss days prid	er to a	-
an effectate of the document o	LE V: Effective date is of filing.) f the date insertment's effection. E VI: Other p	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	fic and cannot in the applicable State's records.	statutory filing in the more than statutory filing in a document of the statutory filing in a document of th	g requirements in the first state of a 5.0203 (1) ment to the	a member. (b), Florida	Statut	not be lis
an effectate of the document o	LE V: Effective date is of filing.) f the date insertment's effection. E VI: Other p	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	the applicable State's records.	statutory filing statut	g requirements 10 10 10 10 10 10 10 10 10 1	a member. (b), Florida	Statut	es.
an effect date of the document	LE V: Effective date is of filing.) f the date insertment's effection. E VI: Other p	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	the applicable State's records.	statutory filing statut	g requirements 10 10 10 10 10 10 10 10 10 1	a member. (b), Florida	Statut	es. ate
an effectate of the document o	LE V: Effective date is of filing.) If the date insended in the insender of th	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	the applicable State's records.	statutory filing statut	g requirements grequirements into interpretation of the control	a member. (b), Florida	Statut	es. ate
f an eff e date ofe: I e docu RTICI	LE V: Effective date is of filing.) If the date insended in the insender of th	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	the applicable State's records.	statutory filing statut	requirements g requirements 10 10 10 10 10 10 10 10 10 1	a member. (b), Florida	Statut	es.
an effective date	LE V: Effective date is of filing.) If the date insended in the insender of th	re date, if other the listed, the date at the date on the E rovisions, if any SIGNATURE: SIGNATURE: Signature: Signature: This docume I am aware the	han the date of must be specific does not mee Department of S.	the applicable State's records.	statutory filing statut	g requirements grequirements into interpretation of the control	a member. (b), Florida	Statutat of St	es. ate