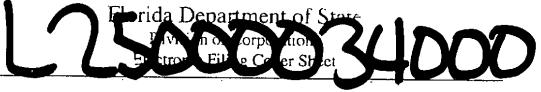
Olvision of Corporations

1/27/25, 10:61 AM



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To:

Division of Corporations

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From:

Account Name : XOTCHILTH VALDIVIA

Account Number : 120220000026

: (305)332-1478

Fax Number

: (305)456-4563

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

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FLORIDA LIMITED LIABILITY CO. ADRIAN'S EQUIPMENT SERVICES LLC

Certificate of Status	0
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COVER LETTER

	New Filing Section . Division of Corporations				
SUBJEC	ADRIAN'S EQU	IPMENT SE	RVICES LLC		
Sobure		mited Liabili	ty Company		
The encid	osed Articles of Organization and fee(s) a	re submitted	for filing.		
Please re	urn all correspondence concerning this n	atter to the fe	ollowing:		
	A	DRIAN JES	US LOBO		
		Name of	Person		•
	ADRIA	n's equipm	ENT SERVICES LL	С	
		Firm/Cor	npany		
)740 SW 2 93	'H STREET		
		Addre	SS		
		MIAMI, FL	33165		
		City/State and WCPS@YA			
	E-mail address: (to be used	for future ar	mual report notification	on)	
For further	information concerning this matter, pleas	c call:			
	ADRIAN JESUS LOBO	305	212 - 9720		
		rea Code	Daytime Telephone	Number	
Enciosed	is a check for the following amount.				
≣ \$125.0	D Filing Fee	Certifie	.00 Filing Fee & d Copy copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	T 2	treet Address lew Filing Section Div he Centre of Tallahas 415 N. Monroe Stree allahassee, FL 32303	ssee t, Suite 810	AN 27 PH 3: 46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		
	inty company to:		
ADRIANS	EQUIPMENT SERVICE	SELC	
(Must co	ntain the words "Limite	d Liability Company	/, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limite	d Liability Company is:
Princ	ipal Office Address:		Mailing Address:
10740 SW 29TH ST	REET	10	740 SW 29TH STREET
MIAMI, FL 33165			AMI, FL 33165
	ADRIAN	Name	
	10740 SW 2	9TH STREET	
	Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)
	MIAMI	FL	33165
	City	State	Zip
place designated in this certifica further agree to comply with the	te, I hereby accept the ap provisions of all statutes obligations of my positio	ppointment as register relating to the proper in as registered agen	the above stated limited liability company at the cred agent and agree to act in this capacity. It er and complete performance of my duties, and to as provided for in Chapter 605, F.S
		(CONTINUED	3

-itie:		authorized to manage and control the Limited Liability Company
	Authorized Member	Name and Address:
"MGR" = 1		
MGK		ADRIAN JESUS LOBG
	 -	1074) SW 29TH STREET
		MIAMI, FL 33165
		
		
EV: Effective date is	nent if necessary) we date, if other than the date listed, the date must be sp	c of filing:01/27/2025 (OPTIONAL) pecific and cannot be more than five business days prior to or 9
EV: Effective date is of filling.) the date insernant's effection	we date, if other than the date listed, the date must be sported in this block does not ive date on the Department	meet the applicable statutors files associated as prior to or 9
EV: Effective date is f filling.) the date insendent's effecti	we date, if other than the date listed, the date must be sported in this block does not	meet the applicable statutors files associated as prior to or 9
EV: Effective date is f filling.) the date insernant's effective VI: Other p	we date, if other than the date listed, the date must be sported in this block does not ive date on the Department	meet the applicable statutors files associated as prior to or 9
EV: Effective date is f filling.) the date insernant's effective VI: Other p	we date, if other than the date listed, the date must be sported in this block does not live date on the Department provisions, if any.	meet the applicable statutory filing requirements, this date will not state is records.
EV: Effective date is f filling.) the date insernant's effective VI: Other p	ve date, if other than the date listed, the date must be sported in this block does not live date on the Department provisions, if any. Signature of a match this document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not of State's records. A Covo ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statutes, c information submitted in a document to the December of the content of
EV: Effective date is f filling.) the date insernant's effective VI: Other p	ve date, if other than the date listed, the date must be sported in this block does not live date on the Department provisions, if any. Signature of a real This document is execulated an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. (ACOV) ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in \$.817.155, F.S.
EV: Effective date is filling.) the date insernent's effective VI: Other p	ve date, if other than the date listed, the date must be sported in this block does not live date on the Department provisions, if any. Signature of a real This document is execulated an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. A Covo ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statutes, c information submitted in a document to the December of the content of