

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 922-4003

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

## LIMITED LIABILITY COMPANY

ADASON ONE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 11, 1999

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ADASON ONE LLC  
REF: W99000023333

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have one page which consist of the limited liability company then the certificate of designation is entitled limited partnership the forms would need to be one in the same.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

FAX Aud. #: H99000025498  
Letter Number: 699A00048969

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADASON ONE, LLC**ARTICLE II - Address:**

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

622 BOBWHITE LANE  
HUNTINGDON VALLEY, 19006**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Alison Smallon, Esq.  
Name  
777 Brickell Ave. Suite 1114  
Florida street address (P.O. Box NOT acceptable)  
MIAMI, FL 33131  
City, State, and 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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature**Article IV - Management (Check box if applicable.)**☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alison Smallon

Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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