

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: VTSLAW@AOL.COM

**Foreign Limited Liability Company
ANDE ADA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

D. SCOTT

MAR 9 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDE ADA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VINCE SAMMARCO

Name of Person

Firm/Company

7239 NW 54 STREET

Address

MIAMI, FL 33166

City/State and Zip Code

VTSLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Iverson

Name of Contact Person

at (512) 499-3075

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
17 MAR -8 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ANDE ADA, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5000140

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7239 NW 54 STREET, MIAMI, FL 33166

(Street Address of Principal Office)

6. SAME AS ABOVE

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)

Name: ANTONIO PRIMO

Office Address: 7239 NW 54 STREET

MIAMI

(City)

, Florida 33166

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ANTONIO PRIMO, MANAGING MEMBER

7239 NW 54 Street

Miami, FL 33166

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

ANTONIO PRIMO

Typed or printed name of signer

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CLERK OF STATE
TAMMSE, T. OROA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANDE ADA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDE ADA, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED
17 MAR -8 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20171654421

You may verify this certificate online at corp.delaware.gov/authver.shtml

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Authentication: 202159061

Date: 03-08-17

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March 7, 2017

Florida Dept of State
Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Ande ADA, LLC

CONSENT TO USE NAME

To whom it may concern,

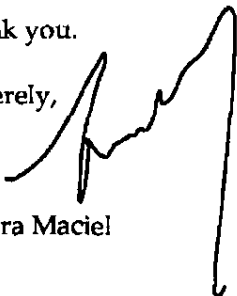
The above-referenced entity has been administratively dissolved in Florida and converted to a Delaware LLC. Included with this letter are the copies of the certificate of formation with Delaware and the Application by Foreign Limited Liability Company for Authorization to transact business in Florida.

Please allow this letter to serve as confirmation that the undersigned is the manager of the Florida LLC and is hereby granting consent for the Delaware LLC to use the name, Ande ADA, LLC in Florida.

Thank you.

Sincerely,

Sandra Maciel



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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