## M21000016840

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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T. LEMIEUX DEC 13 2021

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	ADIDAR LLC	
		Name of Limited Liability Company
The enclose Existence, a	d "Application by Foreign Limited nd check are submitted to register (	Liability Company for Authorization to Transact Business in Florida," Certificate of he above referenced foreign limited liability company to transact business in Florida.
Please return	n all correspondence concerning th	s matter to the following:
	Daniel A Poganski	
	· · · · · ·	Name of Person
	A & B Accounting Service	
		Firm/Company
	1 Commercial Drive Area E	
		Address
	Florida, NY 10921	
		City/State and Zip Code
	danielp@wendcentral.com	
	E-mail addi	ess: (to be used for future annual report notification)
For further i	nformation concerning this matter,	please call:
Da	n Poganski	845 651-1880 ext 301
	Name of Contact Per	
Ma	illing Address:	Street Address:
Registration Section		Registration Section
	Division of Corporations  Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
1 8	manassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	\$125.00 Filing Fee <b>S</b> 130.00	imount:  IDA DEPARTMENT OF STATE  Filing Fee &   \$\Begin{array} \Boxed{1} \$



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2021

DANIEL A POGANSKI 1 COMMERCIAL DR AREA E FLORIDA, NY 10921

SUBJECT: ADIDAR LLC Ref. Number: W21000103433

We have received your document for ADIDAR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 721A00016925

RFCEIVED

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Tracy - Lement 2005 my forde

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	orida. The alternate name of	iust include "Limited Lia	bility Company," "L.L.C," or "L		
Delaware		87-14295 3	87-1429507			
(Jurisdiction under the law of w	luch foreign limited liability company is organized)	э. <u></u>	(FEI num	ber, if applicable)		
July 6, 2021						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty hability)				
4201 Spring Valley R	oad Suite 450		rcial Drive Area			
(Street Address of I	Principal Officer	6	6. (Mailing Address)			
Dallas, TX 75244		Florida, N	Y 10921			
	<del></del>		<u> </u>	<del></del>		
				. 21		
Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> acceptable	)	- 030 - 030		
Name:	REGISTERED AGENTS INC.			C-3 ₽		
Office Address:	7901 4TH ST N STE 300			5: 3 <b>5</b> 원인자		
	ST PETERSBURG	12)	33702 orida(Zip cod			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Nathan J Hamilton	□Manager	Name: Daniel A Poganski
■Member	Address: 473 Broome Street Apt 4	□Member	Address: 1 Commercial Drive Area E
□Authorized	New York, NY 10013	■Authorized	Florida, NY 10921
Person		Person	Controller
Other	Other	□Other	
□Manager	Name:	⊡Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

Signature of an authorized person

Daniel A Poganski

Exped or printed name of comes



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADIDAR 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

THE STATE OF THE S

Authentication: 204770156

Date: 11-23-21