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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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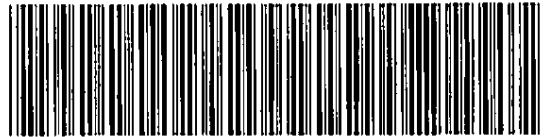
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2024 JAN -3 PM 10:37  
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2024 JAN -3 PM 3:38  
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DEPARTMENT OF REVENUE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adalta, 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:

Matthew Polstein  
Name of Person  
Adalta, LLC  
Firm/Company  
4855 LB MCLEOD ROAD  
Address  
ORLANDO, FL 32811  
City/State and Zip Code  
matthew@ripit.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Polstein 786 525-5138  
Name of Contact Person at ( ) Area Code Daytime Telephone Number

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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:*

1. Adalta, LLC

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

2. Oregon

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

3. 93-1145605

(FEI number, if applicable)

4. Upon Filing

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

5. 4855 LB MCLEOD ROAD

(Street Address of Principal Office)

6. 4855 LB MCLEOD ROAD

(Mailing Address)

ORLANDO, FL 32811

ORLANDO, FL 32811

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

Name: Matthew Polstein

Office Address: 4855 LB MCLEOD ROAD

ORLANDO

(City)

32811

(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.*

Matthew Polstein

By: Matthew Polstein

90F3D6247+000C7

(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Matthew Polstein</u>	<input type="checkbox"/> Manager	Name: <u>Clearview Systems, LLC</u>
<input type="checkbox"/> Member	Address: <u>4855 LB MCLEOD ROAD</u>	<input checked="" type="checkbox"/> Member	Address: <u>4855 LB MCLEOD ROAD</u>
<input checked="" type="checkbox"/> Authorized	<u>ORLANDO, FL 32811</u>	<input type="checkbox"/> Authorized	<u>ORLANDO, FL 32811</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Matthew Polstein

Signature of an authorized person

Matthew Polstein

Typed or printed name of signer

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 2382877

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

**ADALTA, LLC**

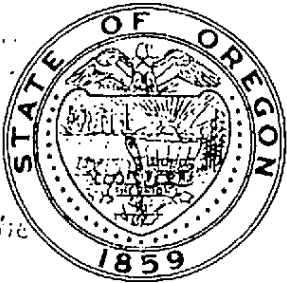
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto  
set my hand and affixed hereto the  
Seal of the State of Oregon.



*Lavonne Griffin-Valade*

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 12/26/2023



Come visit us on the internet at: <https://sos.oregon.gov/business>  
or use the QR code to check their current status.