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(Requestor's Name)

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(City/State/Zip/Phone #)

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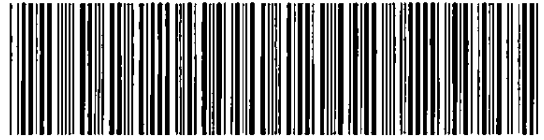
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 OCT -7 PM 5:21  
SEC. CLERK OF STATE  
TOLSON, PA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PABLO ADLER 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:

PABLO ADLER

\_\_\_\_\_  
Name of Person

PABLO ADLER LLC

\_\_\_\_\_  
Firm/Company

10090 SW 89TH COURT

\_\_\_\_\_  
Address

MIAMI, FL 33176

\_\_\_\_\_  
City/State and Zip Code

ADLERPABLO@YAHOO.COM

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

For further information concerning this matter, please call:

PABLO ADLER

302

463-1874

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

September 13, 2024

PABLO ADLER  
10090 SW 89 CT  
MIAMI, FL 33176

SUBJECT: PABLO ADLER LLC  
Ref. Number: W24000128875

We have received your document for PABLO ADLER LLC and your check(s) totaling \$160.00. 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: 224A00020584

**RECEIVED**

**OCT 07 2024**

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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. PABLO ADLER 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. DELAWARE 3. 88-3517188  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. PABLO ADLER LLC 6. PABLO ADLER LLC  
(Street Address of Principal Office) (Mailing Address)  
10090 SW 89TH COURT 10090 SW 89TH COURT  
MIAMI, FL 33176 MIAMI, FL 33176


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

Name: PABLO ADLER  
Office Address: 10090 SW 89TH COURT  
MIAMI 33176  
(City) Florida (Zip code)

FILED  
2024 OCT -7 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

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. 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:**

☐ Manager      Name: PABLO ADLER

☒ Member      Address: 10090 SW 89TH COURT

☐ Authorized      MIAMI, FL 33176

Person

☐ Other      ☐ Other

☒ Manager      Name: PABLO ADLER

☐ Member      Address: 10090 SW 89TH COURT

☐ Authorized      MIAMI, FL 33176

Person

☐ Other      ☐ Other

☐ Manager      Name:

☐ Member      Address:

☐ Authorized

Person

☐ Other      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: DANIELLE PRESS

☐ Member      Address: 10090 SW 89TH COURT

☒ Authorized      MIAMI, FL 33176

Person

☐ Other      ☐ Other

☐ Manager      Name:

☐ Member      Address:

☐ Authorized

Person

☐ Other      ☐ Other

☐ Manager      Name:

☐ Member      Address:

☐ Authorized


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

PABLO ADLER

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PABLO ADLER 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-SEVENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PABLO ADLER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6943450 8300

SR# 20243802911

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204501131

Date: 09-27-24