Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUECO FILINGS LLC CHATHAM

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Phone : (848)997-4043

Fax Number : (848)997-4493

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

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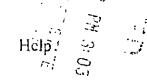
FLORIDA LIMITED LIABILITY CO.

ADMA Consulting LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLE I - Name:

The name of the Limited Liability Company is:

ADMA Consulting LLC

(Must contain the words "Limited Liability Company, "L.L.C.." or "LLC.")

ARTICLE II - Address:

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

2586 Buena View Rd	2586 Buena View Rd
Kissimmee, FL 34746	Kissimmee, FL 34746

Mailing Address:

25 JH 22 PH 3: 03

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

Adnan Masood		
	Name	
2586 Buena View R	ď	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Kissimmee	FL	34746
City	State	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 605, F.S..

/s/ Adnan Masood

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

"AMBR" = Manager AMBR Adnan Masood 2586 Buena View Rd Kissimmee, FL 34746 MGR Adnan Masood 2586 Buena View Rd Kissimmee, FL 34746 MGR Adnan Masood 2586 Buena View Rd Kissimmee, FL 34746 MGR Adnan Masood 2586 Buena View Rd Kissimmee, FL 34746 (OPTIONAL) Et V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will meen's effective date on the Department of State's records. E. VI: Other provisions, if any. REOPIRED SIGNATURE: Isl Adnan Masood Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s.817.155. F.S. Adnan Masood Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMBR" = Authorized Member	
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