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(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
Andrew Tolla	ectments
SUBJECT: /// (Name of Limited	Liability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Rogelio Andrew (Name of Person)	
Andrew Investment	15 15 15 15 15 15 15 15 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Miami Beach, F1. 32	SIND SUPERIOR OF STATE OF STAT
(City/State and Zip Code)	
For further information concerning this matter, please call:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Hopelio Andrew at	305 , 867-869d
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & tional copy is enclosed) Certified Copy (additional copy is enclosed)
CTREET ADDRESS	MAILING ADDRESS:
Registration Section Division of Corporations 409 E. Gaines Street	Registration Section
Division of Corporations' 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Andreu Investments, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 6039 Collins Ave. # 1403 Miami Brach, Fl. 33140-2253 Miami Beach, Fl. 33140-2253 Miami Beach, Fl. 33140-2253
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: OGELD WOYLU Name 6039 Collins Ave #1403 Florida street address (P.O. Box NOT acceptable) Miumi Beach FL 33140-2253 City, State, and 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 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)