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Updater

'l'odater verifyer

Acknowledgement

W. P. Verifyer

ACCOUNT NO. : 072100000032

REFERENCE: 665328 7343942

AUTHORIZATION: Poting P.

COST LIMIT : \$ 125.00 00

ORDER DATE : July 16, 2002

ORDER TIME : 10:02 AM

ORDER NO. : 665328-001

CUSTOMER NO: 7343942

CUSTOMER: Mr. Alejandro Kokin

Mr. Alejandro Kokin

2437 Eagle Run Way

Weston, FL 33327

DOMESTIC FILING

NAME:

DUG

DCC

DCC

DCC

ANDOVER, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name XX PLAIN STAMPED COPY
Availability

CONTACT PERSON: Darlene Ward - EXT. 1135

Document EXAMINER'S INITIALS:

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CRETARY OF STATE
LAHASSEE, FLORIDA

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02 JUL 18 AN II: 40

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company is:	
ANDOVER, LLC		
ARTICLE II - Addr The mailing address a	ess: and street address of the principal office of the Limited Liability Co	ompany is
	, #328, Weston, Florida 33326	
ARTICLE III - Regi	stered Agent, Registered Office, & Registered Agent's Signatu	
The name and the Fla	ride etweet eddage af the marietannia accut and	int_<
i ne name and me rio	rida street address of the registered agent are:	OF S
	Corporation Service Company	2: 2 2: 5
	Name	
	1201 Hays Street	
	Florida street address (P.O. Box NOT acceptable)	
	Tallahassee FL 32301	: -
	City, State, and Zip	
statutes relating to the	agree to act in this capacity. I further agree to comply with the provence proper and complete performance of my duties, and I am familiar of my position as registered agent as provided for in Chapter 608, Corporation Service Company By: Welson D. Skipp Registered Agent's Signature Asst. V. Pres.	with and F.S.
x The Limited Lial	ement (Check box if applicable.) bility Company is to be managed by one manager or more manage ager - managed company.	rs and is,
(An a	additional article must be added if an effective date is requested)	
	Molanda as Abinous	
S	ignature of a member or an authorized representative of a member.	
C	(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.)	
_	Deborah D. Skipper	
_	Typed or printed name of signee	
	TOTAL TOTAL	

\$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)

MANAGERS OF: ANDOVER, LLC

Alejandro Kokin Manager

1112 Weston Road #328

Weston, Florida 33326 __

Marlena T. Kokin

1112 Weston Road

Manager

#328

Weston, Florida 33326

dew

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ANDOVER, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. Al parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this /7

Signature

Print Name of Signer

WITNESS: