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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : SAVETAX ACCOUNTING, INC.
Account Number : I20000000077
Phone : (954)730-3131
Fax Number : (954)739-2075

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

ANDLIO PROPERTIES LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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12/04

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDLIO PROPERTIES LLC

ARTICLE II - Address:

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

Principal Office Address:

929 HARBOR INN DRIVE BLDG 10

CORAL SPRINGS FL 33071

Mailing Address:

929 HARBOR INN DRIVE BLDG 10

CORAL SPRINGS FL 33071

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

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

ROGER ANDERSON

Name

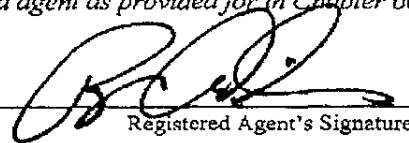
929 HARBOE INN DRIVE BLDG 10

Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FLORIDA 33071

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, Florida Statutes..


Registered Agent's Signature

04 JAN 21 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

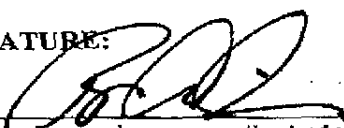
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRROGER ANDERSON929 HARBOR INN DRIVECORAL SPRINGS FL 33071MGRRUSSELL GAGLIO4852 ROTH SCHILD DRCORAL SPRINGS FL 33067

(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)

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