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Florida Department of State

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Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

andrews avenue bar llc

AL

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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrews Avenue Bar LLC

ARTICLE II - Address:

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

Principal Office Address:

18 Little Harbor Way
Deerfield Beach, FL 33441

Mailing Address:

18 Little Harbor Way
Deerfield Beach, FL 33441

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

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

Linda C. Roberts
Name

18 Little Harbor Way
Florida street address (P.O. Box ~~NOT~~ acceptable)

Deerfield Beach FLORIDA 33441
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.

Linda C. Roberts
Registered Agent's Signature

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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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Linda C. Roberts
18 Little Harbor Way
Deerfield Beach, FL 33441

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Linda C. Roberts
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.)

@ Linda C. Roberts
Typed or printed name of signer

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