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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 bays llc

AL

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

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(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2004 AUG 23 A 10:

SECRETARY OF STA
TALLAHASSEE, FLOR

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrews Avenue Bays 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.

(s) Linda C. Roberts
Registered Agent's Signature

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(CONTINUED)

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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 608.404(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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