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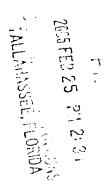
(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone	∍ <i>#)</i>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO:		tration Si ion of Co	ection orporations						
SUBJ	ЕСТ: <u>1</u>	ANDVE	STORS, LLC		122				
			(Name of Li	imited Li	ability Co	ompany)			
The er	nclosed A	Articles o	f Organization and fee(s)	are subm	itted for f	īling.			
Please	return a	ll co rres p	ondence concerning this	matter to	the follow	ving:			
	<u>.</u>	DANIEL	FULGHUM						
				(Name	e of Persor	1)			
	. <u>-</u>		_						
LAN	DVEST	ORS, LI	_C	(Firm	/Company	······	···	٠	
				(,	,		1005	
	een	0 00/4	DENIBOAD CUITE 220					F. G.	
		O COVVI	PEN ROAD, SUITE 220		ddress)			- 5 25	
				(21	idurcas)			SEE	,
		MIAN	11 LAKES, FLORIDA 33	014				ALLANYSSEE, FLORIDA	- ب در
			((City/State	and Zip C	Code)			_
For fu	rther info	rmation	concerning this matter, ple	ease call:				ξ/	
DANI	EL FULC	SHUM		at (305	807.0912			
		(Name	of Person)			Code & Daytime To	elephone Num	iber)	
Enclos	sed is a	check fo	or the following amount	:					
□ \$125	5.00 Fili	ng Fee		C	ertified C	O Filing Fee & Copy Opy is enclosed)	Certificat Certified	00 Filing Fee, te of Status & I Copy copy is enclosed)	
							(municum)	copy is circlesed)	
	*		ET ADDRESS:			MAILING A			
			ration Section			Registration S			
			on of Corporations Gaines Street			Division of Co P.O. Box 6323			
			assee, Florida 32399			Tallahassee, F		ļ.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ANDVESTORS, LLC	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6600 COWPEN ROAD, SUITE 220	SAME
MIAMI LAKES, FLORIDA 33014	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
DANIEL FULGHUM	ress (P.O. Box NOT acceptable)
Name	FLOR
13921 LEANING PINE DRIVE	ORIGINAL ST
Florida street add	ress (P.O. Box NOT acceptable)
MIAMI LAKES, FL. 33014	FL
City, State, a	nd Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
MGR	JOSE SUAREZ
	825 CORAL WAY
	CORAL GABLES, FLORIDA 33134
MGRM	DANIEL FULGHUM
	13921 LEANING PINE DRIVE
	MIAMI LAKES, FLORIDA 33014
/TT// -1 / *C	
(Use attachment if necessary))
NOTE: An additional artic	le must be added if an effective date is requested.
	The state of the s
REQUIRED SIGNATURE:	
	h l l l l s
	Moniel Full Keen
Signature of	a member or an authorized rop esentative of a member.
of this docum	the with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury its stated herein are true.)
DANIEL FL	JLGHUM

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee