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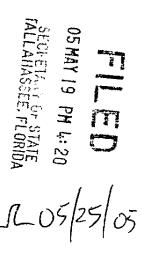
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TRANSMITTAL LETTER

TO:	Registration Sec Division of Cor				
SUBJE	CT:	ANDREWS, SMITH, &			
		(Name of Limited	d Liability Con	npany)	
		Organization and fee(s) are su			
	· · · · · · · · · · · · · · · · · · ·	on the second se	2 00 0000		
		A	Alan Russell		
	4		Name of Person)		
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		C	SS Nevada		
			Firm/Company)		702 9
					Strong P
		4535 W.	Sahara Ave.,	Ste. 204	05 MAY 19 PM 4: 20 SECRETARY OF STATE TALLAMASSEE, FLORID
	<u> </u>	<u> </u>	(Address)		72.0
					P
		Las \	Vegas, NV 89	1102	
			State and Zip Co		
For furth	ner information of	concerning this matter, please	call:		
		D	700	v 933-4034	
		Russell of Person)	at (702	Code & Daytime Te	lenhane Number)
	(riano	VI I (13011)	(moa c	ode de Dayumo 10	reprode Hambery
Enclose	ed is a check fo	r the following amount:			
□ \$125.	00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio	ET ADDRESS: ration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is	s:				
ANDREWS, SMITH, & ASSOCIATES, LLC					
ARTICLE II - Address:					
The mailing address and street address of the	principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
238 Monet Drive	238 Monet Drive				
Nokomis, FL 34275	Nokomis, FL 34275				
	700				
	是 畫 !!				
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:				
	337 9				
The name and the Florida street address of the	e registered agent are:				
Lydia M.					
	Lydia M. Moretti Name 2				
238 Mon					
Florida street a	ddress (P.O. Box NOT acceptable)				
Nokomis,	FL 34275				
City, State	e, 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, 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:

Lydia M. Moretti 238 Monet Dr. Nokomis, FL 34275	
MGRM James A. Moretti 4900 Bayview Dr. (#28) Ft. Lauderdale, FL 33308 MGRM Michael A. Moretti 440 Briarwood	, a.
MGRM James A. Moretti 4900 Bayview Dr. (#28) Ft. Lauderdale, FL 33308 Michael A. Moretti 440 Briarwood	
4900 Bayview Dr. (#28) Ft. Lauderdale, FL 33308 Michael A. Moretti 440 Briarwood	<u></u> ·
MGRM Michael A. Moretti 440 Briarwood	
MGRM Michael A. Moretti 440 Briarwood	
440 Briarwood	
(Use attachment if necessary)	
NOTE: An additional article must be added if an effective date is requested.	
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.) Alan Russell	
Typed or printed name of signee	

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)