

LOS000099818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 11 2005

DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

ST. AUGUSTINE, FL 32084

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EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

October 4, 2005

Registration Section
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **ANDOVER CONSULTING GROUP, LLC**

Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute return to my office.

Respectfully yours,


David M. Andrews

DMA:b
Enclosures

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDOVER CONSULTING GROUP, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1093 A1A BEACH BLVD.
134
SAINT AUGUSTINE, FL 32080

Mailing Address:

1093 A1A BEACH BLVD.
134
SAINT AUGUSTINE, FL 32080

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

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

JOSEPH J. LOPINTO, JR.

Name

529 A1A MIRADA CT

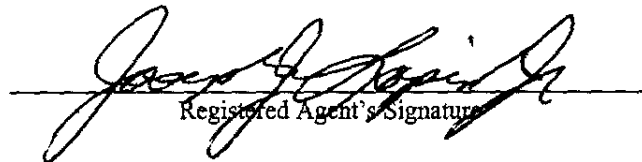
Florida street address (P.O. Box NOT acceptable)

SAINT AUGUSTINE, FL 32080

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

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:

MGRM

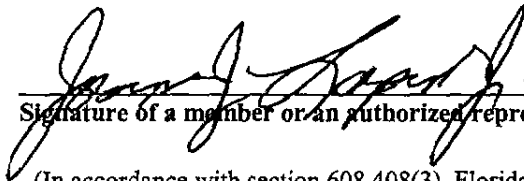
JOSEPH J. LOPINTO, JR.

529 ADA MIAMI CT.
SAINT AUGUSTINE, FL 32080

(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.)

JOSEPH J. Lopinto JR.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)