## L060000 19307

(Re	equestor's Name	)
`	•	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		-1
		Joba
		til (3)



300066186123

02/20/06--01072--012 \*\*160.00

315-15-15-15-16-38

## COVER LETTER

• • • •

TO: Registration Sec Division of Corp				
SUBJECT:	Audioways (Name of Limite	d Liability Company)	, <u>.</u>	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
EDL	uper L	SONZALE >		
		LC Firm/Company)		
9356	HIDDEN W	ATER CIRCLE		
RIVER	wiew, Fl	33579 State and Zip Code)		
	oncerning this matter, please			
EDWARD	GONZALEZ	at ( 813 ) 621- (Area Code & Daytime Te	8060	0
(Name o	i reison)	(Area Code & Daytine 16	sephone Number)	S
Enclosed is a check for	the following amount:			- 53 FO
☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	20 4310:38
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Androway	is LIC
	"Limited Company" or their abbreviation "LLC," or "L.C.,"

## **ARTICLE II - Address:**

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
9356 HIDDRAY WATER CIRCLE	9356 HINDEN WATER CIECLE RIVERVIEW, FI
KIVERVIEW (	RIVERZUIEW FI
33569	33569
	•

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

9356 HIDDEN, WATER CIRCLE

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

RIVER 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, F.S..

Registered Agent's Signature (RECHIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manag	The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	EDWARD L. GONZAGEZ 9356 HIDDEN WHITERCURKER RIVERNEW, FI 33569		
MGRM	Sonia GONZALEZZ 6005 SANDHILL PRIBLEDE, LITHIA, F. 1 33547		
	date of filing:		
(In accordance with sec of this document constitute that the facts stated h	or an authorized representative of a member.  Striction 608.408(3), Florida Statutes, the execution interest an affirmation under the penalties of perjury terein are true.)		

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)

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