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(Requestor's N	lame)
(Address)	<u> </u>
(Address)	······································
· (City/State/Zip/	/Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er.
	(D)

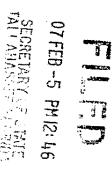
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EFFECTIVE DATE 2-107



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COVER LETTER

TO:	Registration Se Division of Co		•	
SUBJ	ECT: ASTAV	ON LLC		
		(Name of Limi	ted Liability Company)	
The e	nclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mai	ter to the following:	
	ASTLEY F	. GAYLE JR.		
			(Name of Person)	
		ASTAVON	LLC .	
			(Name of Limited Liability Company) Inization and fee(s) are submitted for filing. The content of Person	
	99 N.W. 1	83rd STREET, SL	JITE 104	- ज्य
			(Address)	O7
	MIAMI, FL	. 33169		ARCH THE
		(Ci	ty/State and Zip Code)	27. OT
For fu	orther information	concerning this matter, pleas	e call:	PH IZ:
DON	NOVAN L. PA	ARKER, ESQUIRE	at (305) 655-0239	ਤੁਜੋ ਨੇ
	(Name	of Person)	_ \	mber)
Enclo	sed is a check fo	or the following amount:		
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified Certified Certified Certified Certified Certified Certified Copy Certifi	ate of Status & d Copy
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ASTAVON LLC (Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "L	.LC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	TA'S 0
8180 NW 51st STREET	8180 NW 51st STREET	7 FEB
LAUDERHILL, FL 33351	LAUDERHILL, FL 33351	HAD B
		<u>్లో</u> స్ట్రా
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	vn Registered Agent. You must designate an ir	nt's Signature:
DONOVAN L. PARKE	R ESOURE	
DONOVIN E. FAMILE	Name	•
	ET	
99 N.W. 183rd STRE		·
	treet address (P.O. Box NOT acceptable)	
	treet address (P.O. Box <u>NOT</u> acceptable) FL 33169	•

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 (REQUIRED)

TIVE DATE 8-1-07

ARTICLE I - Name:

The name of the Limited Liability Company is:

(CONTINUED)
Page 1 of 2

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

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

"MGRM" = Managing Member		
MGRM	ASTLEY F. GAYLE JR.	
	8180 NW 51st STREET	
	LAUDERHILL, FL 33351	<u> </u>
MGR	DOROTHY V. GAYLE	
	8180 NW 51st STREET	
	LAUDERHILL, FL 33351	_
MGR	CLAUDETTE CHOW	
	8180 NW 51st STREET	
	LAUDERHILL, FL 33351	_
	Ä	07 SE(
		FEB
(Use attachment if necessary)		200
LE V: Effective date, if other than th		ONAT) 玉
fective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five busines	s days p

<u>REQUIRED</u> 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.)

ASTLEY F. GAYLE JR.

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)