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(Requestor's Name)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

1B

W07-27104

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: ANDRE	WAGNER LLC			
	(Name of Limited	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
ANDREW				
	()	Name of Person)		
ANDREW	WAGNER LLC		0 0	
	(Firm/Company)	Sion Si	֚֚֡֝֝֝֝֝֝֝֝֝ כ
7257 HW	Y 85 N		W - C	コースス
		(Address)	p P	
LAUREL I	HILL, FL 32567		07 JUN - 6 PM 2: 57	2
	(City	/State and Zip Code)	<u></u>	
			_	ι
For further information	concerning this matter, please	call:		
ANDREW WAG	NER	at (850) 652-292	1	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	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 Cente Tallahassee, FL 32301	ons r Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2007

ANDREW WAGNER ANDREW WAGNER LLC 7257 HWY 85 N LAUREL HILL, FL 32567

SUBJECT: ANDREW WAGNER LLC

Ref. Number: W07000027104

We have received your document for ANDREW WAGNER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 6, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 507A00038835

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ame of the Limited Liability Company is: REW WAGNER LLC Indigital of the Words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") RICLE II - Address: Inailing address and street address of the principal office of the Limited Liability Company in the Limited Liability Company is the Laurent Liability Company in the Limited Liability Company is the Laurent Liability Company in the Limited Liability Company is the Laurent Liability Company cannot serve as its own Registered Agent. You must designate an individual or another	
ANDREW WAGNER LLC		-6 FA
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")	24 REPORT
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Con	2: 53 npany 13
Principal Office Address:	Mailing Address:	
7257 HWY 85 N	7257 HWY 85 N	
LAUREL HILL, FL 32567	LAUREL HILL, FL 32567	
business entity with an active Florida registration.) The name and the Florida street address of the ANDREW WAGNER	registered agent are:	EPFECTIVI <u>06/0</u>
Name		
Florida street ad	Idress (P.O. Box <u>NOT</u> acceptable)	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	this certificate, I hereby accept the appointnity. I further agree to comply with the provis	nent as ions of all with and

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
"MGR" - 100%	ANDREW WAGNER	
	7257 HWY 85 N	
	LAUREL HILL, FL 32567	2 SE
		SCR
	1	윾
		SON C
	PH 2: 51	OR.
		AT IO
		HS.
(Use attachment if necessary)	N . 1	
ICLE V: Effective date, if other than the	he date of filling June 2, 2007 (OPTIONAL	<i>.</i>)
	be specific and cannot be more than five business days	prio
r 90 days after the date of filing.)		
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.)

ANDREW WAGNER

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)