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(Re	questor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Andrade & Sons, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard S. Wheeler, Esq.
(Name of Person)
Law Offices of Richard Spice Wheeler, P.A.
(Firm/Company)
2265 Lee Road, Suite 117
(Address)
Winter Park, FL 32789
(City/State and Zip Code)
For further information concerning this matter, please call:
Richard S. Wheeler, Esq. 407 , 481-1740
(Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Eliciosed is a clicek for the following amount.
\$125.00 Filing Fee
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
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growing programmer and a consequence and are the consequences of t

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

indrade & Sons, LLC			
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	·		
The mailing address and street addre	ss of the principal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
2265 Lee Road, Suite 117	2265 Lee Road, Suite 117		
Winter Park, FL 32789	Winter Park, FL 32789		
ADDICI DI II D			
ARTICLE III - Registered Agent	Registered Office, & Registered Agent's Signature:		

Richard S. Wheeler, Esq. Name

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

Winter Park, FL 32789_{FL}
City, State, and Zip

2265 Lee Road, Suite 117

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)

(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	Misael Andrade	
	17101 Campbell Farm Road	
	Poolesville, MD 20837	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Use attachment if necessary)		
LEV: Effective date if other than th	ne date of filing:	(OPTION

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.)

Misael Andrade

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)