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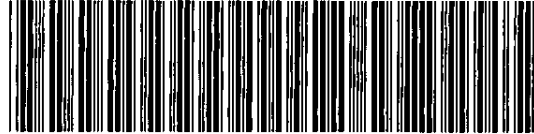
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TALLAHASSEE FLORIDA

NRC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: "A" QUINTET, 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:

**Gail E. Andrews, Esq.**

(Name of Person)

(Firm/Company)

**1750-C, A1A South**

(Address)

**St. Augustine, FL 32080**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Gail E. Andrews**

(Name of Person)

at ( **904** ) **377-2488**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
"A" QUINTET, LLC**

The undersigned, a Sole Member, hereby makes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I: NAME**

The name of this Limited Liability Company is:

"A" QUINTET, LLC

**ARTICLE II: ADDRESS**

The initial mailing address and the initial principal office address is:

1750 A1A South, Suite C  
St. Augustine, FL 32080

**ARTICLE III: REGISTERED AGENT**

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

Gail E. Andrews  
1750 A1A South, Suite G  
St. Augustine, FL 32080

**ARTICLE IV: MANAGEMENT**

The powers of this Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of this Limited Liability Company shall be managed under the sole direction of its sole Managing Member and is therefore, a member-managed company.

The name and address of the Managing Member is

Howard W. Andrews  
1750 A1A South, Suite C  
St. Augustine, FL 32080

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## **ARTICLE V: ADDITIONAL MEMBERS**

The additional Members and their addresses are:

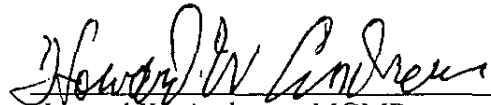
1. Kent A. Andrews, 1750 A1A South, Suite C, St. Augustine, FL 32080
2. Margaret A. Wiggins, 1750 A1A South, Suite C, St. Augustine, FL 32080
3. Gail E. Andrews, 1750 A1A South, Suite C, St. Augustine, FL 32080
4. Howard R. Andrews, 1750 A1A South, Suite C, St. Augustine, FL 32080
5. Gary B. Andrews, 1750 A1A South, Suite C, St. Augustine, FL 32080

## **ARTICLE VI: OWNERSHIP INTERESTS**

Initial ownership interests of this Limited Liability Company, subject to subsequent amendment by the Managing Member, shall be as follows:

1. Howard W. Andrews: 55% (Fifty-five Percent).
2. Kent A. Andrews: 4% (Four Percent).
3. Margaret A. Wiggins: 9% (Nine Percent).
4. Gail E. Andrews: 9% (Nine Percent)
5. Howard R. Andrews: 14% (Fourteen Percent).
6. Gary B. Andrews: 9% (Nine Percent)

IN WITNESS WHEREOF, the undersigned, Managing Member, has made and subscribed these Articles of Organization at St. Augustine, Florida for the uses and purposes aforesaid this 6th day of November, 2007.

  
Howard W. Andrews, MGMR

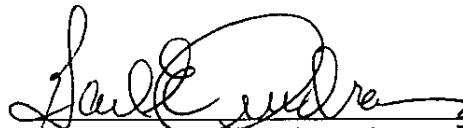
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: "A" QUINTET, LLC
2. The name and the Florida street address of the registered agent and office are:

Gail E. Andrews  
26 Sanchez Avenue  
St. Augustine, FL 32084

*Having been named as the registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of the State of Florida applicable thereto.*

  
Gail E. Andrews, Registered Agent

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