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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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EXAMINER

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DATE:

05-30-08

NAME:

ASHFORD INVESTMENTS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$160

RETURN: GOOD STANDING & CERT COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE (

We need back ASAP, Please X

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RTICLES OF ORGANIZATION 1	OR FLORIDA LIMITED LIABILITY COMPANY.
ARTICLE I - Name: The name of the Limited Liability Con	POR FLORIDA LIMITED LIABILITY COMPANY.
Ashford Investments LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or 'LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1630 Dale Avenue	1630 Dale Avenue
Winter Park, FL 32789	Winter Park, FL 32789
	egistered Office, & Registered Agent's Signature: own Reginered Agent. You must designate an individual or another)
The name and the Florida street address	s of the registered agent are:
Michael F. Coop	per
	Name

1630 Dale Avenue Florida street address (P.O. Box NOT acceptable) Winter Park 32789 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 (REQUIRED)
Michael F. Gooper

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Michael F. Cooper
	1630 Dale Avenue Winter Park, FL 32789
	
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——————————————————————————————————————	
(Use attachment if necessary)	
RTICLE V: Effective date, if other the if an effective date is listed, the date mo o or 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
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.)

Michael F. Cooper, Manager
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)