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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

DEC 1 1 2009

EXAMINER

COVER LETTER

| Division of | Corporations | | |
|-----------------------------|---|--|------------------------------|
| SUBJECT: | An | drew Lustig LLC | |
| Scione II | | ted Liability Company | |
| The enclosed Article | s of Organization and fee(s) are | submitted for filing. | |
| Please return all corr | espondence concerning this mat | ter to the following: | |
| | ļ. | Andrew Lustig | |
| | | Name of Person | |
| | And | drew Lustig LLC | |
| | | Firm/Company | |
| | 701 S | Olive Ave Apt 1806 | |
| | | Address | 091 |
| • | West Pair | n Beach Florida 3340 | |
| | Ci | ty/State and Zip Code | SSEE. FI |
| | alus | stig484@aol.com for future annual report notificat | tion) mo P |
| For further informati | on concerning this matter, pleas | | STATE ORIO |
| | ndrew Lustig | _at (914) | 886-8685 |
| Na | me of Person | Area Code & Daytim | ne Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ∑ \$125.00 Filing Fe | e \$\int\\$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | n rations enter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | s: |
|---|--|
| Andrew Lus (Must end with the words "Limited Liah | |
| ARTICLE II - Address: | omy Company, "L.E.C., or "LLC.") |
| | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Andrew Lustig 701 S Olive Ave Apt 1806 West Palm Beach, Florida 33401 | Andrew Lustig 701 S Olive Ave Apt 1806 West Palm Beach Florida 33401 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) | ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another |
| The name and the Florida street address of the | registered agent are: |
| Andrew | Lustig GR H T |
| Nam | e |
| 701 S Olive A | Ave Apt 1806 |
| Florida street address (P.0 | |
| West Palm Beach Flori | , () , · · · · · · · · · · · · · · · · |
| City, State, | |
| liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S |

(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:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | Andrew Lustig 701 S Olive Ave Apt 1806 West Palm Beach Florida 33401 |
| | 7.00 |
| <u>.</u> | OPEC 10 PM 1:1. |
| (Use attachment if necessary) | F. OF STATE |
| | e date of filing: (OPTIONAL) |
| n effective date is listed, the date must b | se specific and cannot be more than five business days prior |
| n effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: | A D |
| n effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution that the facts stated here | er or an authorized representative of a member, ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)