

L100000007060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

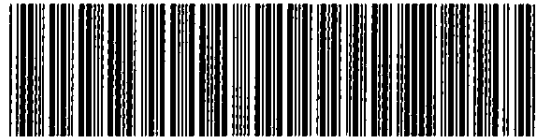
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400166346814

01/19/10--01042--014 **130.00

Effective Date 02/01/10

FILED
10 JAN 19 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDREWS LIVING ARTS STUDIO, 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:

Robert D. Nation

Name of Person

Andrews Living Arts Studio, LLC

Firm/Company

23 NW 5th St.

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

RDNshows@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan J. Nation

Name of Person

at (917) 455-1986

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$135.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Organization for Florida Limited Liability Company

ARTICLE I: NAME OF THE BUSINESS

ANDREWS LIVING ARTS STUDIO, LLC.

ARTICLE II: MAILING ADDRESS AND STREET LOCATION OF THE PRINCIPAL OFFICE

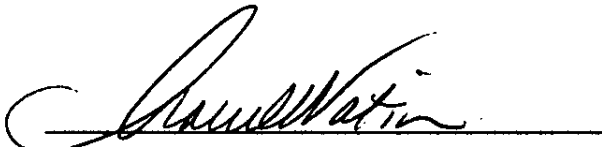
23 NW 5th St. Fort Lauderdale, Fl. 33301.

ARTICLE III: REGISTERED AGENT

Robert D. Nation
1205 Mandarin Isle
Fort Lauderdale, Florida 3315

Effective Date 02/01/10

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.



Robert D. Nation, Artistic Director and Manager

e-mail address: RDNshows@gmail.com

phone: 954-530-1879

ARTICLE IV: NAME AND ADDRESS OF EACH MANAGER

(same as above)

ARTICLE V: EFFECTIVE DATE

The company shall open for business on Feb. 1, 2010.

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert D. Nation
23 NW 5th St.
Fort Lauderdale, Fla 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

ROBERT D. NATION

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)

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