L100000 78644

(Re	questor's Name)	
(Ad	dress)	· · ·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. LEWIS

JUL 2 7 2010

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations				
SUBJECT: Andig, L	LC				
50,000		ed Liability Comp	any		
The enclosed Articles of	Organization and fee(s) are	submitted for filir	ıg.		
Please return all corresp	ondence concerning this matt	ter to the followin	g:		
Bercham Ger	ez				
		Name of Person			
Andig, LLC					
•		Firm/Company			
41 7th avenue	1				
		Address			
Key West, FL	33040				
	Cit	y/State and Zip Coo	le		
cjgerez@gma					
	E-mail address: (to be used to	for future annual rep	ort notification	n)	
For further information	concerning this matter, please	e call:			
Andig, LLC		at (305	₁ 879-210	03	
	of Person			Telephone Num	ber
Enclosed is a check for	or the following amount:				
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co		Certific Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addration Section of Corporat Building Recutive Cent	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:
Andig, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
41 7th avenue	41 7th avenue
Key West, FL 33040	Key West, FL 33040
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	lame 28 T
41 7th avenue	et address (P.O. Box NOT acceptable)
Florida stre	et address (P.O. Box NOT acceptable)
Key West	FL 33040
Cit	ty, 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)

(CONTINUED)
Page 1 of 2

FILED

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETAF TAULAHAS	RY OF STATI SEEMFLORI
MGR	Bercham Gerez		
	41 7th avenue		
	Key West, FL 33040		
<u> </u>			
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	<u> </u>	.	
(Use attachment if necessary)	·		
(Use attachment if necessary)	can the date of filing:	(OPTION	(A1)
CLE V: Effective date, if other t	nan the date of filing:nant be more than	(OPTION five business da	AL) ys prior
CLE V: Effective date, if other teffective date is listed, the date	nan the date of filing:	(OPTION five business da	AL) ys prior
CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing:nust be specific and cannot be more than member of an authorized representative of a m	five business da	AL) sys prior
CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume	nust be specific and cannot be more than	five business da	AL) ys prior
CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume	member of an authorized representative of a m with section 608.408(3), Florida Statutes, the execut constitutes an affirmation under the penalties of tated herein are true.)	five business da	AL) ys prior

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