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AUG 23 2010

**EXAMINER** 



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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

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## **COVER LETTER**

	on Section f Corporations	
SUBJECT:	Andrea	Constituences UC
	Name of Limi	ted Liability Company
	es of Organization and fee(s) are	•
-	Anron	Name of Person
		Name of Person
	Aulece	Continuous LLC Firm/Company
		BATU Bridge 21.
		Address
	Danamassa	71 32303
	Cit	y/State and Zip Code
	Samour 4	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
Ac	Alex	at ( 000 ) 322-7295
No	une of Person	at ( 859 ) 322-7385  Area Code & Daytime Telephone Number
5 1 1:		•
•	k for the following amount:	
<b>¥</b> \$125.00 Filing Fe	ce U\$130.00 Filing Fee & Certificate of Status	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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited 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:	
1843 ous Russialise Rt. Thumber, 72 32803 SAME	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
ا الله الله عند عبد الله الله الله الله عند عبد الله الله الله الله الله الله الله الل	Π
Florida street address (P.O. Box NOT acceptable)	الس
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	^all
Cont Connection	
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:
MGRM		Agran Andres 1843 oro Barranda RA. 794-1943 oro Fl 82503
	<del></del>	
Use attachment	date, if other than the da	te of filing: (OPTIC
fective date is lis days after the d	sted, the date must be spate of filing.)	pecific and cannot be more than five business
LE V: Effective fective date is list days after the de	sted, the date must be spate of filing.)	pecific and cannot be more than five business
fective date is lis days after the d	sted, the date must be spate of filing.)  GNATURE:	pecific and cannot be more than five business
fective date is lis days after the d	sted, the date must be spate of filing.)  GNATURE:  Signature of a member of the content of the	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

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