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COVER LETTER

TO: Registration Division of C			
SUBJECT:	The Andre Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Andre	Des Mara, 5 Name of Person	
		Firm/Company	
	8104 Seve	n Mile Dr.	
		Address	20F7.
	a desmarais t	Beach, f L 3. V/State and Zip Code Spail. com	20, 2
	E-mail address: (to be used for concerning this matter, please	or future annual report notification)	
Andre	Des Marais e of Person	at (<u>904</u>) <u>728</u> Area Code & Daytime Tele	phone Number
Enclosed is a check to	for the following amount:		
125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 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 C Tallahassee, FL 32301	

To When : + May Convin,

Actored you will find the application for the Andre Group, LLC" along with a check spayable to florida department of state for \$125.00.

He you have any questions please contact me Le, 904.728.3845.

Tincerely,

Andre Des Marais
8004 Seven Mile Dr.

Ponte Vedra Beach, FL 32082.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	IS:
The Andre	broup, LLC
(Must end with the words "Limited Lia	ability 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:
208 5. Roscoe Blvd Ponk Vedra Buch, FL 32082	8104 Seven Mile Dr. Ponte Vedra Bach, FL 32082

(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:

Andre DesMarais Florida street address (P.O. Box NOT acceptable)

Pante Vedra Rach FL 32082

City, State, and Zip

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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	
MER	Andre DesMarais
	Andre DesMarais 8104 Seven Mile Dr. Ponte vedro Back, FL 32082
	TONGE VISION BEACH, FC 3200C
(Use attachment if necessary)	
TCLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
n effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business days price
,	
REQUIRED SIGNATURE:	
ρ	1. 10 1.

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Andre DesMaras'S
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)