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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

; (305)634-3694

fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future ? annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. SANDSTONE CAPITAL GROUP, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KIICLE I - Name;	
he name of the Limited Liability Company is:	
ANDSTONE CAPITAL GROUP, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
•	
RTICLE Π - Address:	
he mailing address and street address of the principal office of the Limited Liability Compar	ıy is:

Principal Office Address

a titte par Office.	PEGGI CASI	Maning Additor.	
2903 Salzedo Street	•	same .	
2nd Floor			
Coral Gables, Florida	33134	= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$	3
		E m	3
(The Limited Liability C	Registered Agent, Reg Company cannot serve as its ov- active Florida registration.)	ristered Office, & Registered Agent's Signature was Registered Agent. You must designate an individual or another IARY	ა
The name and the	Florida street address	of the registered agent are:	>> E
	Peter J. Yanowitch, Esq.		ø
		Name E C	л Э
	2903 Salzodo Street, 2nd	Carrier Contract Cont	
	Florida s	ineet address (P.O. Box NOT acceptable)	
	Coral Gables	<sub>FL</sub> 33134	
		City, State, and Zip	

Mailing Address

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

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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM CLAUDIO BERTOLLA 2903 Sa;zedo Street, 2nd Floor Corel Gables, Florida 33134 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (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 \$08.408(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30,00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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