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JUL 2 8 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	i		
SUBJECT: Andre	ew Je	enking L ted Liability Company	LC
The enclosed Articles of Organizat	ion and fee(s) are	submitted for filing.	
Please return all correspondence co	ncerning this mat	ter to the following:	
Ano	low	Jenking	
	,	Name of Person	
		Firm/Company	
70	3 Par	trum Pr	Apt #7
	/ /	Address	· ·
<u> </u>	ahass		7301
~	Cit	y/State/and Zip Code	•
E-mail ad	iress: (to be used	for future annual report notif	cation)
For further information concerning	this matter, pleas	e call:	
Andrew Jank	ns at (E	Area Code Z84 Daytime	-8784 Telephone Number
Exclosed is a check for the followi	ng amount:		·
5	Filing Fee & sate 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 Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	Street/Courier Ac Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle

ARTICLE I - Name:	
TO CO. 1.1. 1.1.1.111. (C	
The name of the Limited Liability Company is:	
Andrew Jenkins 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 principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Andrew Jenkins	
703 Putnum Pr #7 Same - [allahessee, = 3230]	
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:	
Andrew Jenkins	
703 Rufame 2 # 7	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 3230/	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability comp the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S	this nance
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	
Page 1 of 2	
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	1 77
	<i></i>
第八章 経歴であり	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Andrew Jenkins 703 Intram #7 Tallahassee, FL 323	7اه
(Use attachment if necessary)	,	
fective date is listed, the date must be spoof filing.) LE VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9	0 day
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ARTICLE IV-