#155 P.001/003

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000233140 3)))



H150002331403ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone : (800) 221-2972

Fax Number

: (888) 692-9256

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

55 Email Address: ä FLORIDA LIMITED LIABILITY CO. ANDREW KING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR IT ORIDA LIMITED LIABIT ITY COMPANY

AMINEESON OMMINEEN INTO	OK PLONGIA ENTIT HE LEADILLE I COM	ILW/41
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
A		
Andrew King, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "1	IC")
·	was zarotasy company, arason or a	<i></i>
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Linkilia. Comm	nus de
The marring admiss and suger addless of the protect	al office of the Limited Liability Compa	my is:
Principal Office Address:	Mailing Address:	
8922 Raven Rock Court	8922 Raven Rock Court	
Boynton Beach, FL 33473	Boynton Beach, FL 33473.	
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registr.) The name and the Florida street address of the registress.	ation.)	ate an individual of
Andrew King	AUTIC .	
ν.	HILL	
8922 Rayen Rock Court	7 107	
Florida street address (P.O.	Box NOT acceptable)	
Boynton Beach	FJ, 33473.	
City	Zip	
	ccept the appointment as registered agen ons of all statutes relating to the proper	u and agree to act in this and complete performance
(CONT)	MUDN	As
(CONT)	NOLD)	[C 5
Page	l of 2	SEP 29 WEIRRY AHASSEE

itte:	Name and Address:
AMBR" = Authorized Momber MGR" = Manager	
AMBR	Andrew King
	8922 Rayen Rock Court
	Boynton Beach, FL 33473.
V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 5
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or s
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or s
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or s
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or s
V: Effective date, if other than the date tive date is listed, the date must be spfiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ember or granuthorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sparsed by the s	ember or grauthorized representative of a member. 05.0203 (1) (b), Florids Statutes, the execution of this document or the penalties of perjury that the facts stated berein are true.
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	ember or ga authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	ember or go authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated berein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo	ember or granthorized representative of a member. or the penalties of perjury that the facts stated berein are true. rmation submitted in a document to the Department of State

Page 2 of 2