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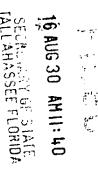
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Andersharp Investments LLC
SODJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Laurie Sharp
	Name of Person
	Firm/Company
	3265 Maple Street NE
	Address
	St. Petersburg FL 33704
	City/State and Zip Code halcyon458@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Laurie Sharp 727 415.6488
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address New Filling Continues
	New Filing Section Division of Corporations P.O. Box 6327 New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mu	st end with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	·
ARTICLE II - Address:				
The mailing address and s	treet address of the principal	office of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Addr	ess:
	3265 Maple Street NE		3265 Maple Street NE	
St. Petersburg, FL 33704		<u>St. 1</u>	St. Petersburg, FL 33704	
another business entity w	mpany cannot serve as its own ith an active Florida registration street address of the registere	on.)	Y ou must designate an ind	iividual or
	Laurie Sharp	- ugo o.		ALLE SELL
	Laure Sharp	Name		AUG 30
	3265 Maple Street N	3265 Maple Street NE		
	Florida street addres	Florida street address (P.O. Box NOT acceptable)		E OF
	St. Petersburg	FL	33704	AM II: 40 Y OF STATE SEE FLORIO
	City	State	Zip	80° to
place designated in this cert further agree to comply with	stered agent and to accept serv ificate, I hereby accept the app the provisions of all statutes t the obligations of my position Regis	pointment as register relating to the proper	ed agent and agree to act i and complete performanc as provided for in Chapter	in this capacity. I se of my duties, and I
		(CONTINUED)		
		Page 1 of 2		

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager MGR	Laurie Sharp
	3265 Maple Street NE
	St. Petersburg, FL 33704
MGR	Richard B. Anderson Trust
******	Richard B. Anderson, Trustee
	3265 Maple Street NE, St. Petersburg, FL 33704
	
(Use attachment if necessary)	
e date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
ie document s'effective date on the Depart	mont of state 3 feedras.
•	mont of State 5 records.
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any. 0% is owned by the Richard B. Anderson	
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any. O''s is owned by the Richard B. Anderson REOUIRED SIGNATURE: Signature of This document is a lam aware that an	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-