

(Re	equestor's Name)				
(Address)					
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:	$\omega.\omega$			
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COVER LETTER

TO: New Filing Section Division of Corporations	1 i 1 Ock bhi
SUBJECT The Ardedon C	broup of the Balleties e of Limited Liability Company
The enclosed Articles of Organization and for	ce(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Tyler Andorson	Name of Person
941 W Morse	Blvd Suite 100 Address
Winter Rilk, P Tyanderson Sra E-mail address: (to)	2 32789 City/State and Zip Code Grant 1 - Com (by used for future annual report notification)
For further information concerning this matter	
Tyler Anderson Name of Person	at (<u>407</u>) <u>708 - 874 7</u> Area Code Daytime Telephone Number
Englosed is a check for the following amounts 125.00 Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassec, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

13000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	·
The Andrew Group of Wink (Must contain the words "Limited Liability Com	i Park hhc
(Must contain the words "Limited Liability Com	pany, D.D.C., or D.D.C.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	imited Liability Company is:
Principal <u>Office Address</u> :	Mailing Address:
941 W morse Blod Suite 100	Same

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:

Tyler	Andec	32			
Name					
941 W.	Moise	Blvol	Sink 100) <u></u>	
Florida street address (P.O. Box NOT acceptable)					
winter	Park,	Horida	32.78	P	
Cit	y	State		Zip	

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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)

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

ARTICLE IV-

"MGR" = Manager

"AMBR" = Authorized Member