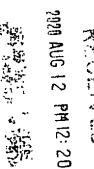
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Thank you!

COVER LETTER

TO:	New Filing Sec Division of Cor					
outnut.		s Of Andrew L. Woods, P	LLC			
SUBJE	CI:	Name of Lir	nited Liabilit	y Company		
The enc	losed Articles of	Organization and fee(s) ar	e submitted t	for filing.		
Please re	eturn all correspo	ndence concerning this ma	atter to the fo	ollowing:		
	Ella Lvov					
			Name of I	Person		
	Pillsbury Winthrop Shaw Pittman LLP					
			Firm/Cor	npany		
	1200 Sevent	centh Street NW				
	-		Addre	ss		
	Washington.	DC 20036				
	ariella Ivov@	pillsburyław.com	City/State and	l Zip Code		
		E-mail address: (to be used	l for future a	unual report notificati	ion)	
For furthe	er information co	ncerning this matter, pleas	e call:			
	Ella Lvov		02	663-9011		
	Nam		rea Code	Daytime Telephon	e Number	
Enclose	ed is a check for t	he following amount:				
	□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Status		Ceptitie	6.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address			Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Law Offices Of Andre				
(Must contai	n the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal office o	of the Limited Liability Company is:		
<u>Principal</u>	Office Address:	Mailing Address:		
11600 Court of Palms	#404	11600 Court of Palms #404		
Fort Myers, Florida 33908		Fort Myers, Florida 33908		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own Regi-	gistered Agent's Signature: stered Agent. You must designate an individual or		
The name and the Florida street ac	ddress of the registered agen	t are:		
	C T Corporation System			
	Nar	ne		
	1200 South Pine Island Ro	· · · · · · · · · · · · · · · · · · ·		
Florida street address (P.O. Box <u>NOT</u> acceptable)				

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 cn.l 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..

C T Cornoration System

By: fally Hubblore

Registered Agent's Signature (REQUIRED)

City

Plantation

. A 147: 1 lana Againment Cognotoms

Florida

State

Zip

Kathryn A. Widdoes Assistant Secretary (CONTINUED)

PILED

RECRETARY OF STATE

TALLAHASSEF F. STATE

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized N	lember
"MGR" = Manager	
AMBR	Andrew L. Woods 11600 Court of Palms = 404
	Fort Myers, Florida 33908
	10(134)(13, 110)(144.55.700
 	
	
(Use attachment if necess	ary)
•	
ARTICLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
If an effective date is listed, the d	ate must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this b	lock does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the	
	•
ARTICLE VI: Other provisions, if	any.
<u> </u>	
	//
REQUIRED SIGNATU	RE: /d/
	/ N / /
Sig	nature of a member or an authorized representative of a member.
This doc	ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am awai	re that any false information submitted in a document to the Department of State
constitute	s a third degree felony as provided for in s.817.155, F.S.
	.d I. Waada
<u>Ai</u>	ndrew L. Woods Typed or printed name of signee

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)