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B. KOHR

MAR 1 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Andrews Accountancy Delaware LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.	ess in Florida.
Please return all correspondence concerning this matter to the following:	SECRETARY COMPOSITIONS
James Andrews	元 强
Name of Person	The state of the s
Andrews Accountancy Delaware LLC	
Firm/Company	
8566 NW 19 Dr	
Address	
7.00.255	
Coral Springs, FL 33071	
City/State and Zip Code	
iondE02040@aal.com	
jand592040@aol.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James Andrews _{at (} 305 ₎ 323 1278	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sigma\$\$\frac{125.00 \text{ Filing Fee}}{\text{Fee}}\$	e

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN TH	'E STATE OF FLORIDA:
1. Andrews Accountancy Delaware LLC	
(Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
	ose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")	ternate name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability)	3. <u>27-4348029</u>
company is organized)	(FEI number, if applicable)
4 01/01/2011	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to:
	exist or "perpetual")
6. N/A	
(Date first transacted business in F (See sections 608.501 & 608.502 F.:	Clorida, if prior to registration.) S. to determine penalty liability) 71 S. of Principal Office)
7. 8566 NW 19 Dr, Coral Springs, FL 3307	71
7. 0300 1444 13 DI, Colai Spilligs, 1 E 9307	
	· 2
(Street Addres	s of Principal Office)
8. If limited liability company is a manager-manager	d company, check hare
6. If filmled hability company is a manager-manager	u company, check here [v]
9. The name and usual business addresses of the man	naging members or managers are as follows:
lamas Androws	
James Andrews	
Esther Andrews	
8566 NW 19 Dr, Coral Springs, FL 33	3071
10. Attached is an original certificate of existence, no more than 90	days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photoco	
translation of the certificate under oath of the translator must be sub	., .
11. Nature of business or purposes to be conducted of	or promoted in Florida: Accounting
11. Nature of business of purposes to be conducted t	bromoted in Florida.
James Arel	reno
	uthorized representative of a member.
,	cution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are to	rue I am aware that any false information submitted in a
document to the Department of State constitute	es a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

James Andrews

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Andrews Accountancy Delaware LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
James Andrews	
(Name)	
8566 NW 19 Dr	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Coral Springs _{FL} 33071	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. Company at the above stated lin liability company at the appointment as agent and agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	registered utes ot the
\$ 100.00 Filing Fee for Application	

\$ 25.00

\$ 30.00

\$.5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANDREWS ACCOUNTANCY DELAWARE, LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D.
2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4916159 8300

110203580

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 8587856

DATE: 02-28-11

You may verify this certificate online at corp.delaware.gov/authver.shtml