

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000266268  
FILED 8:00 AM  
August 26, 2020  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

ANACAL LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1200 BRICKELL AVENUE  
SUITE 507  
MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

P.O. BOX N10051  
NASSAU, BAHAMAS, BS. BS 00000

**Article III**

The name and Florida street address of the registered agent is:

LANI CAPOTE-DULL ESQ.  
1200 BRICKELL AVENUE  
SUITE 507  
MIAMI, FL. 33131

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.

Registered Agent Signature: LANI CAPOTE-DULL, ESQ.

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
JAMES COYLE  
P.O. BOX N10051  
NASSAU, BAHAMAS, BS. 00000 BS

Title: MGR  
FRANCES TURNQUEST  
P.O. BOX N10051  
NASSAU, BAHAMAS, BS. 00000 BS

Title: MGR  
CARMEN GIBSON MOXEY  
P.O. BOX N10051  
NASSAU, BAHAMAS, BS. 00000 BS

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Signature of member or an authorized representative

Electronic Signature: CARMEN GIBSON MOXEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.