Division of Corpo attions

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 : (305)634-3694 Fax Number : (305)633-9696 HIVISIUN OF LOAPORATION

LIMITED LIABILITY COMPANY

anaros, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anakos, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
927 Euclid, #104	927 Euclid #104
Mismi Beach, FL 33139	Miami Reach, FL 33139
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Louis J. Terminello, Esq.	ed agent are:
Name TERMINELLO & TERMINELLO, P.	.A., 2700 S.W. 37th Avenue
Florida street address (P.O. Box A	(OT acceptable)
Miami FL	33133
City, State, and Zip	<u> </u>

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 608, F.S..

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MCRN	Marius Rosenberg	
	927 Euclid #104	
	Miami Beach, FL 33139	······································
MGRM	Eyal Anavim	
	927 Eurlid. #104	_ .
	Miami Beach, FL 33139	
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(Use attachment if necessary)		_m
NOTE: An additional article must be	added if an effective date is requested.	Y CE STATE EE PLOMDA
REQUIRED SIGNATURE:	•	
To-		
Louis J. Termine (In accordance with sect	or an authorized representative of a member. 110, authorized representative of ion 608.408(3), Florida Slatets, the execution also an affirmation under the penalties of perjury in are true.)	MGRM
Louis J. Termi		at •
Турч	ed or printed name of signee	
	Filing Focs:	.•

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\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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