

L04000070453

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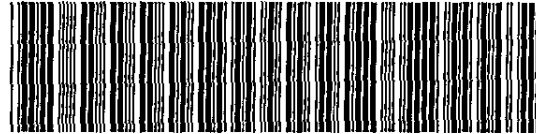
Signature  
Date

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W. P. Verifier

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204000034070

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANMAR  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Lowe  
(Name of Person)

ANMAR  
(Firm/Company)

931 SW 8<sup>TH</sup> Lane  
(Address)

Gainesville, Florida 32601  
(City/State and Zip Code)

SECRETARY OF  
TALLAHASSEE

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For further information concerning this matter, please call:

Ann Lowe at ( 352 ) 372-1054  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2004

ANN LOWE  
931 SW 8TH LANE  
GAINESVILLE, FL 32601

SUBJECT: ANMAR  
Ref. Number: W04000034070

We have received your document for ANMAR and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 004A00054481

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANMAR, LIMITED LIABILITY COMPANY

**ARTICLE II - Address:**

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

**Principal Office Address:**

Ann Lowe

931 SW 8<sup>TH</sup> Lane

Gainesville, FL 32601

**Mailing Address:**

Ann Lowe

931 SW 8<sup>TH</sup> Lane

Gainesville, FL 32601

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ann Lowe  
Name

931 SW 8<sup>TH</sup> Lane  
Florida street address (P.O. Box **NOT** acceptable)

Gainesville, FL 32601  
City, State, and Zip  
FLORIDA

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, Florida Statutes..

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Martine Lowe  
914 NE 10TH AVE  
GAINESVILLE, FL 32601

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Martine Lowe  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$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)