(Re	questor's Name)	
(Ad	dress)	
(Adı	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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# TRANSMITTAL LETTER

TO: Registration Se Division of Cor					
SUBJECT: Anaheim	Group Properties, LLC (Name of Limite	d Liability Company)			
٠.	<b>(</b>				
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Brandon					
<u> </u>	0	Name of Person)			
	(	Firm/Company)	<u></u>		•
3280-C Sou	th Atlantic Avenue, # 77				
· · · · · · · · · · · · · · · · · · ·		(Address)			
		·· ·		₩.c.	5
Dayto	ona Beach Shores, Florida	32118		Ęğ	7
	(City)	/State and Zip Code)	<del></del>	が出る	G
				思言	~
For further information	concerning this matter, please	call:		12 C	=
Brandon Roth		at ( 386 ) 322-0327			H. O. OH
	of Person)	at ( 386 ) 322-0327 (Area Code & Daytime Te	elephone Number)	<u>→</u>	4
`	ŕ		,		
Enclosed is a check fo	r the following amount:				
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 F Certificate of Certified Co- (additional copy	`Status & py	ž
STRE	ET ADDRESS:	MAILING A	DDRESS:		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Anaheim Group Properties, LLC	
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
The mailing address and street address	
The mailing address and street address  Principal Office Address:	Mailing Address:

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

Brandon Roth		75° °C
Name		5 AUG SECHE
647 Louella Street		
Florida street address (P.O. Box NOT acceptable)		
New Smyrna Beach,	.FL 32168	
City, State, and Zip		9: 54 STATE ORIDA

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)

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:	
MGRM	Brandon Roth 647 Louella Street New Smyrna Beach, FL 32168	-
		•
		-
		- -
(Use attachment if necessary)  NOTE: An additional article must be	e added if an effective date is requested.	OS AUG 1
REQUIRED SIGNATURE:	ASSEE FLO	17 AM 9:5
Signature of a member of	or an authorized representative of a member.	51
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
Brandon Roth Type	d 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)