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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT: Ancho	or Capital Resource		ender of a 12 of the second	dispersion of the second
		(Name of Limite	d Liability Compa	any)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	g .	
Please	return all corresp	ondence concerning this matte	r to the following	;:	
	Wayne M	l. Anderman			
		(Name of Person)		
		(Firm/Company)		
	12351 N	W 2nd Street			
			(Address)		
	Plantatio	n, FL 33325		· ·-	
		(City	State and Zip Code	2)	
For fur	ther information	concerning this matter, please	call:		
Way	ne M. And	lerman	954	. 423-99	Ω1
<u></u>		of Person)	at (954 (Area Code	e & Daytime To	elephone Number)
Enclos	sed is a check for	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified Copy (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ocutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Anchor Capital Resources, LLC (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12351 NW 2nd Street Plantation, FL 33325	12351 NW 2nd Street
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Wayne M. Anderman	
Name	

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.

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

City, State, and Zip

12351 NW 2nd Street

Plantation

(CONTINUED)
Page 1 of 2

LIVISION OF COFFORATIONS

		Name and Address:
'MGRM" = Manag	ing Member	
'MGR"		Wayne M. Anderman
IVIOIX	-	12351 NW 2nd Street
		Plantation, FL 33325
		Flamation, FE 33323
	-	
-		
	_	
EV: Effective da	te, if other than the da	ate of filing: (OPTIC
LE V: Effective da	te, if other than the da	
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ARTICLE IV- Manager(s) or Managing Member(s):