### Florida Department of State

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O:

Division of Corporations
Fax Number : (850)205-0383

Tom:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Fhone : (800) 494-3124

From:

Fhone : (800)494-3124
Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

ANH ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

### ARTICLE I NAME

The name of the Limited Liability Company is:

ANH ENTERPRISES, LLC

#### ARTICLE II ADDRESS

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

8592 W SUNRISE BLVD PLANTATION FL 33322

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

YING LI 8592 W SUNRISE BLVD PLANTATION FL 33322

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

JUNETOS YNG C

YING LI/ Registered Agent's Signature

#### ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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#### ARTICLE V

The name(s) and address(es) of the members of the LLC are:

YING LI

MANAGING MEMBER: 8592 W SUNRISE BLVD

**PLANTATION FL 33322** 

ALEXANDRA N. HARWOOD

MEMBER: 8592 W SUNRISE BLVD

**PLANTATION FL 33322** 

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.)

YING LI

Typed or printed name of signee

PILED

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SECREDARY OF STATE ORIDA

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