

L06000051272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

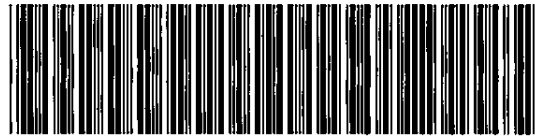
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200074246982

RECEIVED  
06 MAY 17 PM 4:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2006 MAY 17 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 112839 4300043

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED  
2006 MAY 17 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 17, 2006

ORDER TIME : 10:40 AM

ORDER NO. : 112839-005

CUSTOMER NO: 4300043

DOMESTIC FILING

NAME: ANESTIS & COMPANY, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANESTIS & COMPANY, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

P. O. BOX 1679

PONTE VERDE BEACH, FL 32004

**Mailing Address:**

P. O. BOX 1679

PONTE VERDE BEACH, FL 32004

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State, and Zip

*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..*

Corporation Service Company

By: Kimberly B. Moret

Registered Agent's Signature (REQUIRED)

**Kimberly B. Moret  
as its agent**

(CONTINUED)

Page 1 of 2

FILED  
2006 MAY 17 AM 9:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERT ANESTIS

P. O. BOX 1679

PONTE VERDE BEACH, FL 32004

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

— 2nd 2nd

**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.)

By: MICHAEL S. SIRKIN, AUTHORIZED REPRESENTATIVE

Typed 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)**