

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

RECEIVED
06 MAY 30 AM 7:48
DIVISION OF CORPORATIONS

FILED
06 MAY 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANKIN LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H06000145975 3

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

In compliance with Chapter 608, F.S.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

ANKIN LIMITED LIABILITY COMPANY

ARTICLE II ADDRESS

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

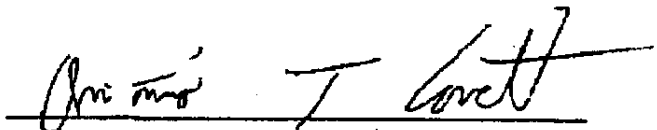
P.O. BOX 12216
ST. PETE, FL 33733

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

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

ANTONIO LOVETT
4098 53RD AVE
ST.PETE, FLORIDA 33733

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..



ANTONIO LOVETT / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

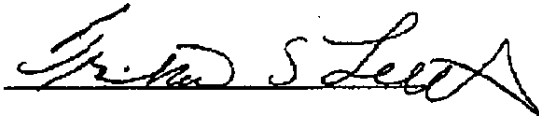
H06000145975 3

H06000145975 3

ARTICLE V

The name(s), address(es), and title(s) of the Managers:

TRIKA S. LOVETT
Manager: P.O. BOX 12216
ST. PETE, FLORIDA 33733



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.)

TRIKA LOVETT
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

H06000145975 3