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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE



COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| SUBJECT: ANZAC | LLC | | |
| | (Name of Limited | l Liability Company) | • |
| | Organization and fee(s) are so | | |
| STEVEN R | . MCNAMARA | | |
| | (I | Name of Person) | |
| ANZAC LLO | 3 | | |
| | .(| Firm/Company) | |
| 7475 SW 5 | 50th Terrace | | |
| | | (Address) | |
| Miami, FL | 33155 | | _ |
| | (City | State and Zip Code) | |
| For further information of | concerning this matter, please | call: | |
| Vivien Baltodano | | at (305) 669-198 | 6 |
| (Name | of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check fo | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailine Adduses | Street/Courier Address | I |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | |
|---|---|--|
| ARTICLE I - Name: The name of the Limited Liability Cor | mpany is: | |
| ANZAC LLC | | |
| (Must end with the words "Limited Liability Comp | pany, "Limited Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Address: The mailing address and street address | s of the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 7475 SW 50th Terrace | 7475 SW 50th Terrace | |
| Miami, FL 33155 | Miami, FL 33155 | |
| | egistered Office, & Registered Agent's Signature: | |
| (The Limited Liability Company cannot serve as it business entity with an active Florida registration. | s own Registered Agent. You must designate an individual or another) | |
| The name and the Florida street address | ss of the registered agent are: | |
| STEVEN R. MCNA | MARA | |
| | Name | |
| 7475 SW 50th Ter | race | |
| Florid | a street address (P.O. Box NOT acceptable) | |
| Miami | FL 33155 | |
| C | City, State, and Zip | |
| liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position. Registered Age | and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 1008. F. Stational Scient's Signature (REQUIRED) | |
| (0 | CONTINUED) | |

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGR | STEVEN R. MCNAMARA |
| | 7475 SW 50th Terrace |
| | Miami, FL 33155 |
| MGRM | VIVIEN J. BALTODANO |
| | 7475 SW 50th Terrace |
| | Miami, FL 33155 |
| MGRM | RUSSELL G. MCNAMARA |
| | 7475 SW 50th Terrace |
| | Miami, FL 33155 |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the | he date of filing: 07/26/2006 . (OPTIO |
| fective date is listed, the date must | be specific and cannot be more than five business |
| days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | |

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.)

STEVEN R. MCNAMARA

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)

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SECRETARY OF STATE