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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 01/02/08

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507 ARBS

COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	ECT: ANATHASHI	4		
3012		(Name of Limi	ited Liability Company)	
The er	nclosed Articles of Organizat	on and fec(s) are	e submitted for filing.	
Please	return all correspondence co	ncerning this ma	atter to the following:	
	Dorothea Ward-S	mith	-	
			(Name of Person)	
		<u>-</u>	(Firm/Company)	
	555 NW 4th Ave	nue #514		04 1877
			(Address)	
	Boca Raton, Flor		Boce	04 1877/ Raton, FL 3342
		(C	ity/State and Zip Code)	
For fu	rther information concerning	this matter, plea	se call:	
Dor	othea Ward-Smith	1	_{st} , 561 393-742	23
	(Name of Person)		(Area Code & Daytime Tel	lephone Number)
Enclo	sed is a check for the follo	wing amount:		
I \$125	5.00 Filing Fee (2)\$130.0 Certifi	0 Filing Fee & cate 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)
x	Registra Division	Addression Section of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE V: 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. Articles of Organization must be executed by at least one member or authorized representations.

Tallahassec, FL 32314

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2007

DOROTHEA WARD-SMITH 555 NW 4TH AVE # 514 BOCA RATON, FL 33432

SUBJECT: ??????????

Ref. Number: W07000051039

We have received your document for ????????? and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the LLC in article I.

Effective July 1, 2007, the name of a limited liability company mustend with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 807A00060519

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

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SECKETARY OF STATE

Effective Date 01/02/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany	is:
Principal Office Address: Mailing Address:		
D. D. 1017		
Dorothea Ward-Smith		
Boca Raton, Florida 33432 Boca Raton, Florida 33432 Flux 2 2 4 5 4		
FIG. 3342		
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:	1	
Dorothea Ward-Smith		
Name		
555 NW 4th Avenue #514		
Florida street address (P.O. Box NOT acceptable)		
Boca Raton _{FI} 33432		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate. I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 608,	ent as ons of ith an	fall
Registered Agent's Signature (REQUIRED)	07 DEC -	SECRET BIVISION OF
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(CONTINUED) Page 1 of 2	6	ARY OF STATE OF CORPORATIONS

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 "MGRM" = Managing Member	Name and Address:
MGR	Dorothea Ward-Smith
	555 NW 4th Avenue #514
	Boca Raton, Florida 33432
	
•	
(Use attachment if necessary)	ne date of filing: 1 1 2008. (OPTIONAL)

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.)

Dorothea Ward-Smith

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)