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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

L. SELLERS

MAY - 6 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANCAR L.L.C.

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

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Help

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:

ANCAR L.L.C.

ARTICLE II ADDRESS

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

4014W WATERS AV # 1806

TAMPA, FL 33614

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CAROLINA CELY

4014W WATERS AV # 1806

TAMPA, FL 33614

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 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..

x 

CAROLINA CELY / Registered Agent's signature

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PAGE 2 ANCAR L.L.C.

ARTICLE IV MANAGEMENT

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

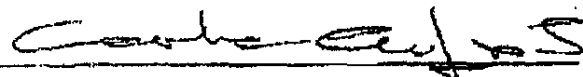
ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

CAROLINA CELY

4014W WATERS AV # 1806

TAMPA, FL 33614

X 

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.

CAROLINA CELY

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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