

L09000008430

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : A.A. ALLI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

FILED
09 JAN 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANR
AAC INVESTMENTS, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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D. BRUCE

JAN 28 2009

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P.1

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PAGE 001/002

Florida Dept of State

January 27, 2009

A.A.ALI, CPA

SUBJECT: AAC INVESTMENTS, LLC
REF: W09000003928

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end 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.

The document number of the name conflict is L07000057049.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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PAGE 002/002

Florida Dept of State

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H09000016811
Letter Number: 709A00002863

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANR
ANR INVESTMENTS, LLC

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

ARTICLE II - Address:

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

**2366 EL MARRA DR
Ocoee, FL 334761**

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

**PO Box 680043
ORLANDO, FL 32868**

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:

**ADELIN ABRAHAM
2366 EL MARRA DR
Ocoee, FL 334761**

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..



ADELIN ABRAHAM /Registered Agent's Signature

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

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

"MGR" = Manager

"MGRM" = Managing Member

ADELIN ABRAHAM - MGRM


2366 EL MARRA DR

Ocoee, FL 334761

ARTICLE V: Effective date, if other than the date of filing: JANUARY 23, 2009

(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:



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.)

ADELIN ABRAHAM

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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