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(Requestor's Name)				
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Effective Date 02/18/09

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SECRETARY OF STATE OF STATE

T. HAMPTON

FEB 2 4 2009

EXAMINER

COVER LETTER

Division of Co			
_{SUBJECT:} Anmar	k Properties LLC.		
		ed Liability Comp	any)
The enclosed Articles of	f Organization and fee(s) are	submitted for filing	g.
Please return all corresp	ondence concerning this mat	ter to the following	g:
Andrey Ma	arkov		
		(Name of Person)	
		(Firm/Company)	
5136 India	an Mound St.		
		(Address)	
Sarasota I			
	(Cit	ty/State and Zip Code	e)
For further information	concerning this matter, please	e call:	
Andrey Markov	/	_ _{at (} _323	394-8179
(Name	of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations duilding ecutive Center Circle

Effective Date 02 18 09

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
Anmark Properties LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5136 Indian Mound St.	5136 Indian Mound St
Sarasota,FL 34232	Sarasota,FL 34232
	Registered Office, & Registered Agent's Signature: sown Registered Agent. You must designate an individual or another
The name and the Florida street address	ss of the registered agent are:

Andrey Markov	
Name	_
5136 Indian Mound St	
Florida street address (P.O. Box NOT accept	able)
Sarasota FL 34232 _{FL}	
City State and Zin	_

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..

Régistered Agent's Signature (REQUIRED)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Andrey Markov
	5136 Indian Mound St.
	Sarasota FL 34232
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ICLE V: Effective date if other than	the date of filing: 02/18/2009 . (OPTIONAL)
	ist be specific and cannot be more than five business days pri
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	16
	bl >
- FTO	
Signature of a pro	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Andrey Ma	arkov 9

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)

DIVISION OF CORPORALIUM

Typed or printed name of signee