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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration Division of C		
SUBJI	ECT:	Anth	hony Sophia, LLC
		Name of Limit	ted Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	ter to the following:
			Lori A. Moran
			Name of Person
		Anth	nony Sophia, LLC
			Firm/Company
		4656	6 Tuscana Drive
			Address
			sota, Florida 34241
			ty/State and Zip Code
;		E-mail address: (to be used	ran99@hotmail.com
For fur	ther information	concerning this matter, please	ran99@hotmail.com for future annual report notification) e call: _at (941)
	 	i A. Moran	at (941) 921-4225 & & & & & & & & & & & & & & & & & &
Enclos	sed is a check f	for the following amount:	
]\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir		npany is:			
	Anthon	y Sophia, LLC			
(Mus	st end with the words "Lin	nited Liability Company," "L.L.C.," or "LLC.")	ı		
ARTICLE II - Add The mailing address		of the principal office of the Limited	d Liability Company is:		
Principal Office Address:		Mailing Address:	Mailing Address:		
4656 Tuscana Drive Sarasota, Florida 34241		4656 Tuscana Drive. Sarasota, Florida 3424	1		
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its ctive Florida registration.)	egistered Office, & Registered Age own Registered Agent. You must designate an i s of the registered agent are: _ori A. Moran Name	ent's Signature: individual or another SECRETAR LAHASSE		
		6 Tuscana Drive	PH P		
	Sarasota, FL 3	dress (P.O. Box <u>NOT</u> acceptable) 34241 FL ty, State, and Zip	: 33 PAIE PRIDA		
liability compan registered agent an statutes relating to	ed as registered agen by at the place design and agree to act in this to the proper and con gations of my position	nt and to accept service of process for mated in this certificate, I hereby accept scapacity. I further agree to comply mplete performance of my duties, and in as registered agent as provided for MMON Member int's Signature (REQUIRED)	pt the appointment as with the provisions of all I am familiar with and		

(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:

"MGR" = Manag "MGRM" = Man	•		
MOIDM MI	aging Member		
MGR		Lori A. Moran	
		4656 Tuscana Drive	
		Sarasota, Florida 34241	
	•	,	
•			
			
(Use attachment	if necessary)		
•	•	date of filing:	. (OPTIONAI
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