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SECRETARY OF STATE

D. BRUCE

DEC 17 2009

EXAMINER

COVER LETTER

	tration Section on of Corporations	
SUBJECT: _	ANOBRSEN S Name of Limited L	INUIC STMENT COMPANY "L.L.C. Liability Company
The enclosed A	rticles of Organization and fee(s) are sub-	mitted for filing.
Please return al	l correspondence concerning this matter to	o the following:
	JOHN	A NOERS FIN
An	NO FRSENS INUE	STMENT COMPANY LLL.C
	33/4 64 49	
	LEUICH ACK	ate and Zip Code
	City/Sta	ate and Zip Code
 	E-mail address: (to be used for fi	VESTMENT @ GMAIL . COM uture annual report notification)
For further info	rmation concerning this matter, please cal	
	•	352 476 2647 LARY Area Code & Daytime Telephone Number ASSET
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	SEF O
\$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Add	ress:	TMANT COMPANY L. L. City Company," "L.L.C.," or "LLC.")	
The mailing address	and street address of the pri	incipal office of the Limited Liability Co	mpany is:
Principal Office Ad	dress:	Mailing Address:	
S314 64T	RES FL-33971	3314 64 74 ST WEST LENION ACRES, FL. 33991	~
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Registerive Florida registration.) orida street address of the residual part of the	Box NOT acceptable) SFL 33971	
liability company registered agent and statutes relating to	at the place designated in the agree to act in this capacity the proper and complete per	scept service of process for the above state his certificate, I hereby accept the appointn I further agree to comply with the provis rformance of my duties, and I am familiar v tered agent as provided for in Chapter 608	nent as ions of all with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Manag "MGRM" = Man		Name and Address:		
MGR	—	JOHN ANDGE 3314 69 FR ST LEHICH ACRIS, FA	(3.62) - WEST 1. 33971	
(Use attachment ARTICLE V: Effective of (If an effective date is list to or 90 days after the date)	date, if other than the	he date of filing: 12/14/09 be specific and cannot be more than five	(OPTIONAL) e business days prior	
<u>REQUIRED</u> SIG	GNATURE:	Od a	O9 DI	- William
	(In accordance with	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of periherein are true.)	AARIS S	FILE
<u>Filing Fees:</u>		Typed or printed name of signee	TATE DRIDA	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)