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D. BRUCE

FEB. 5 2010

**EXAMINER** 

## **COVER LETTER**

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PETERSBURG FL 333710  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ter information concerning this matter, please call:  PARNA EIPPA at (513) 432 806  Area Code & Daytime Telephone  d is a check for the following amount:  O Filing Fee S130.00 Filing Fee & Certified Copy Ce (additional copy is enclosed)  Mailing Address  Registration Section  Division of Corporations P.O. Box 6327  Clifton Building	Division of Corporations  CT: ANAS EYE BADD PLACE LLC  Name of Limited Liability Company  Losed Articles of Organization and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  APARNA EIPPA  Name of Person  Firm/Company  2-376 TYRONE SBNARE  Address  ST. PETERSBURG FL 33710  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  their information concerning this matter, please call:  PARNA EIPPA at (513) 432 8661  Area Code & Daytime Telephone Number  d is a check for the following amount:  O Filling Fee S130.00 Filling Fee & S155.00 Filling Fee & S160.00 Filling Fee & Certificate of Status  Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  P.O. Box 6327  Cilton Building  Street/Courier Address  Registration Section  Division of Corporations  Clifton Building  Clifton Building  Cilifton Building	Division of Corporations  CT: ANAS EYE SADN PLACE LLC  Name of Limited Liability Company  losed Articles of Organization and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  APANA EIPPA  Name of Person  Firm/Company  2-3-76 TYRONE SBNARE  Address  ST. 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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:
ANAS EYE BROW PLACE LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
2376 TYRONE SQUARE 2376 TYRONE SQUARE ST. PETERSBURG FL 33710
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:
Name PARNA EIPPA ENPA
The name and the Florida street address of the registered agent are:    APARNA   EIPPA   Name
St. Perersburg FL 33710
City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MGRM	APARNA EILPA
	APARNA E117A  2376 TYRONE LO  ST. PETERCONRG FL 33712
	ST. PETERCOURG FL 33712
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)