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**EXAMINER** 

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### FLORIDA LIMITED LIABILITY CO.

#### **Anati LLC**

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#### ARTICLES OF ORGANIZATION OF **Anati LLC**

ARTICLE I

**NAME** 

The name of the limited liability company shall be: Anati LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3628 NE 19th Ave, Oakland Park, Florida 33308.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Anat Kremen, 3628 NE 19th Avenue, Oakland Park, Florida 33308. Located in the County of Broward.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Anat Kremen, 3628 NE 19th Ave, Oakland Park, Florida 33308

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 2007 Madison WI 53717
608-827-5300

FAX AUDIT # H 100000536383

Date: February 16, 2010

## FAX AUDIT # <u>H10000536383</u>

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Anati LLC

The name and address of the registered agent and office is Anat Kremen, 3628 NE 19th Avenue, Oakland Park, Florida 33308. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Anat Kremen

Date: 3/1/10

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SECRETARY OF STATE
TALLAHASSEE, FLORIFA