

**L10000055633**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000123100 3)))



H100001231003ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

RECEIVED  
10 MAY 24 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Anglosolutions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

10 MAY 24 AM 7:56  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

MAY 25 2010

**EXAMINER**

H10000123100 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **Anglosolutions LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2929 S.W. Third Avenue, Suite 330 Miami, Florida 33129-2710

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.  
2929 SW Third Avenue,  
Suite 330  
Miami, Florida 33129-2710

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.

Geoffrey M. Wayne  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V - That the Member and Officer of the Company is:**

Andrea Barquet Chacon - Member/President  
Stefania Barquet Chacon - Member

(An additional article must be added if an effective date is requested)

Geoffrey M. Wayne  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Geoffrey M. Wayne  
Typed or printed name of signer

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

H10000123100 3

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 24 AM 7:56